

MIECHV Data Collection & Reporting for NFP Frequently Asked Questions (FAQ)

***The 2017 MIECHV Forms and Data Collection Manual for NFP is now available on the MIECHV website [here](#). This includes the revised ETO forms that include MIECHV data points and the combined ASQ: ETO and MIECHV Follow-up for At Risk combined forms. ***

11/28/16 updates in purple below

Data Collection

How do these new MIECHV benchmark measures and forms affect our workload?

Below is a table that shows the number of forms that were previously submitted by NFP programs and the number that will be submitted now.

<i>Time Period</i>	<i>Previous number of forms sent to State</i>	<i>Current (2017) number of forms sent to state</i>
Parent Enrollment to before Infant's Birth	8	2 (No HVEs)
Infant's Birth to before 6 Months	5	4+ HVEs
Infant's Age 6 Months	6	2 + HVEs
Infant's Age 10 Months to before 18 Months	9	4 (including ASQ follow-up if necessary) + HVEs
Infant's Age 18 Months	6	4 (including ASQ follow-up if necessary) + HVEs
Infant's Age 24 Months	7	4 (including ASQ follow-up if necessary) + HVEs
Client Discharge	1	1
TOTAL	42	21 + HVEs

**HVE = Home Visit Encounter form*

Will we receive new Data Collection and Reporting schedules to reflect the new measures, for all clients, including those already enrolled?

Yes, for all of the families currently enrolled you will receive a new Data Collection and Reporting schedule that reflects the new measures and forms. MIECHV Data Manager, Tina Kent, will prioritize sending out new schedules to those with upcoming reporting requirements.

Does data collected prior to October 1st need to be in by September 30th?

No, but please send all forms collected prior to October 1st in by October 14th.

For clients who were enrolled prior to October 1st, should we complete all new forms?

No. Old forms completed through the end of September will be accepted and new forms will be used after October 1st.

New and Revised Forms

ASQ Developmental Referral and Follow-up form

Do I complete the Developmental Referral Tracking and Follow-up form for a child who was referred to EI by a pediatrician, or whom we referred but not based on the ASQ screening?

No. You will only complete the Developmental Referral Tracking and Follow-up form for a child who has been screened by a MIECHV home visitor using the ASQ for a MIECHV-timed screening (10, 18 or 24 months for NFP) and scored in either the grey (“monitoring”) and/or black (“at-risk”) zones.

What should I put for the “date EI referral contacted” under Early Intervention Services on the Developmental Referral Tracking and Follow-up form if EI was never actually contacted (because of parent refusal or other reasons)?

If the Home Visitor does not contact EI but instead gives referral contact information to the parent/caregiver, you will write in the date of the ASQ screening and referral information was given. You will also check or write in the appropriate reason under the column “If EI evaluation not completed with 45 days...”.

How do I complete the Developmental Referral Tracking and Follow-up form if a child scored in the black range but contact was never made with EI services because the home visitor determined that based on overall knowledge of the child’s development a referral to EI was not appropriate?

If contact was never made with EI services because the HV determined a referral was not appropriate, you will still complete the Developmental Referral Tracking and Follow-up form. Under the “Date EI Referral Contacted” you would write in the date the ASQ screening was conducted. The “Date of EI Evaluation” would be left blank. Under the

column “If EI evaluation not completed with 45 days...”, check the “other” category and write in that the “Home Visitor determined EI referral not appropriate”.

If the child does not score in the monitoring (gray) or at-risk (black) zone, but the Home Visitor still wants to refer to EI, how do we document this on the referral form?

In this situation we recommend that you write in the reason for the EI referral on the bottom of the NFP ASQ Questionnaire, and *a/so* complete the Developmental Referral Tracking and Follow-up form on the reverse side.

What if initially the home visitor decides to wait on an EI referral and instead chooses to conduct developmental support but then later determines that an EI referral is needed, how would this be reported?

In this case, the home visitor would fill out the Referral Tracking and Follow-up form to reflect individualized developmental support and then update the form if/when an EI referral is made. The Referral Tracking and Follow-up form is to be submitted monthly with any updates.

If a home visitor completes a developmental screening and the child screens in the monitoring or “at risk” zone, should we check individualized developmental support as well as any referrals that may be completed?

As we know it is standard practice for home visitors to provide individualized developmental support when a child’s developmental screening shows a child in the “at risk” or “monitoring” zone; we ask that you please check this in addition to whatever referrals you also may be completing.

Does the Developmental Screening measure require that the specific 10, 18, and 24 month questionnaires be completed or that a developmental screening be completed at the child’s chronological age at 10, 18, and 24 (i.e., at 10 months following birth)?

The Developmental Screening measure requires that a developmental screening be completed at the child’s **chronological age** of 10, 18, and 24 months. The choice of questionnaire used will be dependent upon the child’s adjusted age for prematurity when applicable. Should a child have been born 3 or more weeks prematurely, and they are less than 24 months of age, the child’s age would be adjusted to determine which questionnaire to use. Please see the guidance manual for more information.

For the MIECHV Referral tracking and Follow-up Form, what date do we use for the start of the 30 or 45 day period for the EI or community service referrals?

For the “Date referred to service” on the MIECHV Referral Tracking and Follow-up form, under the “Initial referral: Date referred to service” column, the date written here should be the date the EI or community service provider is contacted (which may or may not be the same date of the ASQ screening but should be shortly thereafter). The 30 or 45 day

window will then begin from the day the referral contact was made by the client or home visitor.

For the Early Intervention (EI) referral, is it the screening or evaluation that needs to take place within 45 days?

The MIECHV benchmark measure 18 considers receiving an EI evaluation as the closure of the referral loop (not the screening). Therefore, the data will capture whether a child receives an EI evaluation within 45 days of the initial referral contact.

You may be able to help expedite the evaluation by providing a copy of the ASQ-3 summary sheet to EI when making the referral. If the ASQ has been completed within 30 days many EI providers will utilize your ASQ to meet their screening requirement and move directly to evaluation.

Why are we being asked to track this when the evaluation is beyond our control?

We recognize that the timing of Early Intervention evaluations is beyond your control. HRSA is interested in learning more about referral and follow ups that result from Developmental Screenings. We want to remind you that though you are reporting this, this is not a performance measure for which a standard must be met. This will help us to capture gaps in services, information that will have value in informing the comprehensive early childhood system, decision makers and funders.

M2B Referrals Tracking and Follow-up

Why is there no longer a place to indicate that a referral was not made for depression services?

The benchmark measure has changed, including how depression referrals are now measured. The new benchmark measure denominator will only include clients who screened positive and had referrals made (in the past, the denominator included anyone with a positive screen, regardless of whether a referral was made). So now the measure is whether clients who were referred for depression services received the service for depression. This measure honors home visitors' policies, procedures and/or clinical judgement as to the timing and necessity of a depression referral – it captures the referral outcome.

Home Visiting Encounter (HVE) Form

Do you want us to send the Home Visit Encounter forms for the canceled and attempted visits or just those visits that were completed?

Only submit the Home Visit Encounter forms for the visits that were completed (where the questions on the HVE were answered).

Can we send HV Encounter forms weekly instead of monthly?

Yes. We would like them at least monthly, but if you want to send the HVEs more often that is fine.

Why do we need to submit these forms to the State?

This ETO form collects numerous data points required for MIECHV reporting. These include well child visits, concerns regarding child’s development, health insurance coverage, postpartum visit and emergency department visits for injury. Rather than requiring all of these data points to be transferred to additional MIECHV forms and then sent to the State, we determined it would be less of a burden for NFP programs to submit the 2-page HVE form as is, and we will do the work on our end to pull the required data points.

We recognize that this is a significant amount of paper to be collected and sent to the State, however, we do believe this is the most efficient method for collecting the data needed.

Do we have to submit all of these forms?

Yes, once the baby is born. You will submit every HVE form completed for every home visit once the baby is born.

When/how do we submit these?

You can submit these monthly or in any way your team thinks is easiest. For instance, you can bundle all forms completed in a month together and send them on the last day of the month. Or you can send them weekly, or as they are completed.

Do the Home Visitors use the Home Visit Encounter Form at every visit?

Yes.

Clinical IPV Assessment (HITS)

When will this be collected?

You will follow NFP guidelines regarding the timing for use of the IPV assessment. For MIECHV, you will submit the addendum forms for the 5-7th visit (N1 form) and 12 weeks post-partum (N4 form).

**Please note that there remains the possibility that in the future we may need to add back in the 12 and 24 month screenings should the State of Oregon determine that these data collection points will be implemented state-wide.*

DANCE Assessment

Do we need to submit the DANCE assessment or only record it on MIECHV forms?

You will not need to complete any questions related to the DANCE or submit the DANCE assessment.

The *data quality report* from the live ETO system can provide us with the date the DANCE was complete (the Due Date for Forms only indicates when DANCE is due, and then indicates “Done” when it is complete). We will therefore pull this date from ETO here in our office.

4-month ASQ-3 form

Will this need to be submitted to MIECHV?

No. The 10, 18 and 24 (24 months ASQ is optional) month ASQs will be submitted to MIECHV, along with the referrals tracking and follow-up form if needed (which is on the back of the NFP ASQ-3 form). Please refer to the Data Collection and Reporting Schedule.

*Given the State CQI project around timely reception of developmental services, Drew may pull data from ETO on the 4 month ASQs separately, but not as it relates to the benchmark measure.

What if an infant is assessed at 4 months using the ASQ and screens at-risk: do we record this somewhere?

While we are encouraged to know that screenings and referrals are occurring at earlier ages, MIECHV is only requiring that we track the referrals that result at the ages included in the benchmark measure. Therefore you need only complete the At Risk for Developmental Delay referral tracking and follow-up form to reflect referrals that occur as a result of screenings at 10, 18, and 24 (optional) months.

New Measures

Why were the new measures chosen?

The MIECHV Benchmark Measures were determined by the Health Resources and Services Administration (HRSA) with significant input from the PEW Home Visiting Campaign, the national, evidence-based home visiting models and state grantees. The intent was to minimize the number of measures required to assess performance in the six Benchmarks: maternal and child health, child maltreatment, school readiness, crime or domestic violence, family self-sufficiency and service coordination.

For the question on the Demographic Intake and Updates forms related to learning and achievement, is this question necessary, and how do we answer it if the client has not had any change since the last time the question was asked?

This question, “*When you think about your (client’s) most recent experience in school or classes, how would you rate your own learning and achievement level*”? is a HRSA-required question that is linked to understanding the demographics of the MIECHV priority populations. In particular, HRSA wants to know how many of the clients served by MIECHV have low educational achievement as part of their risk profile. In order to ask this in a neutral way, HRSA recommends the question be asked in the way it is presented on the forms.

To complete this question, please refer to the 2017 Addendums to NFP and MIECHV forms and instructions document. If the client’s status has not changed when the HV conducts the demographic updates form, the home visitor should mark whatever the last answer was (if the answer was previously “low”, it would be marked “low” again).

For continuous insurance coverage, does emergency insurance count?

The measure asks us to report on continuous health insurance coverage for 6 months, if the family is able to answer that they had insurance coverage (even emergency coverage) for 6 months then yes, they will be counted for this measure.

Does measure 16, regarding continuity of insurance coverage pertain to the parent or the child?

The intention of this measure is to determine if *primary caregivers* have had continuous insurance for at least six months.

Will there be a way to capture families who are unable to access insurance?

No. While we understand that some families may not have access to health insurance for a variety of reasons, we will not be collecting data on this at this time. This will therefore show up as a lack of continuous coverage for those who are unable to access insurance.

For Safe Sleep, do you have definitions of “soft bedding or bed-sharing” and guidance for talking with families and safe sleep resources?

We encourage you to review the Oregon Health Authority’s materials: [Safe Sleep for Babies](#) and watch the webinar [Safe Sleep in Oregon: Guiding Conversations with Families](#) which go in detail on these definitions and provide guidance for talking with families. The MIECHV team plans to provide additional training or technical assistance on this new measure in the coming year.

What is the anticipated roll out of the Tracking Home Visiting Effectiveness in Oregon (THEO) data system roll – out to programs?

The roll out of THEO to programs will occur in 2017. The MIECHV team will inform home visiting programs once a more definite timeline is available.