

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

December 6, 2016 updates in purple below

New Forms & Data Collection

The revised Baby's age 12-months – Index Child and Baby's age 24-months – Index Child forms ask if the HOME inventory was completed and the date. They no longer ask for scores. Should we complete only the first two sections like before (responsivity and acceptance), or complete the whole tool?

Previously, the old benchmark measure #18 on parenting behaviors and parent-child relationship was defined by a measurable increase in the “responsivity” and “acceptance” scores of the HOME between the 12 and 24-month screenings. This is why we specifically had the home visitors score and report on these two sections.

The revised benchmark measure #10 for Parent-Child Interaction is the “percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool (HOME).” Therefore, we are only required to report on whether the observation was done, not the outcome/scores.

We encourage home visitors to continue to screen as they have been for their HV model. However, they will only need to record that it was completed, not the actual scores themselves.

As the M2A form is no longer required, should we send in M2As that haven't already been sent (e.g., a referral is made and documented on the M2A form, and we have not yet sent in the form again with follow up information)?

You are welcome to send the “open” M2A forms in. However, the only information that will be recorded in the MIECHV system are any dates before Oct 1, 2016. So if there are dates of referral to service, or dates of receiving service before Oct 1, do send those in.

Also, any dates of referral to service that are *after* June 1, and do not have a follow-up date that service was received *before* Oct 1, will NOT be included in the benchmark data, since the 4 months follow-up period is beyond Oct 1.

Why isn't there a place to indicate on the M2B Referrals Tracking and Follow-up form 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.

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.

I received a new 2017 Schedule, but I don't see the data collection dates, or dates received for the forms that I have already sent in. Why is this?

New 2017 schedules will only show the NEW forms that need to be completed as of October 1st. We still have all forms previously sent and have captured that data. To simplify the schedule, we have only included forms that still need to be completed from October 1st on. Data Manager Tina Kent will send a Missing Data & Forms report to programs which will indicate any missing forms.

Is there a new form to capture concerns regarding child's development, behavior, or learning?

The current **Visit Date Report** has been updated to capture this information. A yes/no column has been added to the Visit Date Report, to document if this question has been asked of the family. A "Y" will indicate if the question was asked of the family and an "N" will indicate that this question was not asked. Data Manager Tina Kent has sent example of the updated Visit Date Report, along with instructions to all HFA/EHS sites.

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 7th.

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 starting October 1st.

If a client's date range for forms completion overlaps with October 1st, which forms should we use?

- If a date range for forms completion overlaps October 1st and you've completed **SOME** but not all of the forms required: use new forms for all home visits on or

after 10/1. In this case, when you send in your forms, it will be a combination of old and new forms.

- If you have not completed any of the forms required for the date range that overlaps 10/1, then you will use all new forms.
- If you have completed all scheduled visits and forms prior to 10/1, and the date range overlaps 10/1, you will send in all the old forms you completed.

Will the required screens/forms be translated into Spanish? If so when?

The MIECHV state team is exploring the possibility of translating forms into Spanish and will update sites should this be a possibility in the future. We are unsure at this time when this might occur. The Patient Health Questionnaire (PHQ-9), Ages and Stages Questionnaire –third edition (ASQ-3), and the Relationship Assessment Tool are available in Spanish.

New & Updated Measures

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 (9, 18, 24 or 30 months for EHS/HFA) 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?

On the ASQ Screening form, you will check “no” for question 3 on whether the ASQ domain scores indicated monitoring is needed or child is at risk, and you will *also* complete the Developmental Referral Tracking and Follow-up form.

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.

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.

Updated 12/06/2016

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 whether an EI evaluation is completed within 45 days 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.

For Developmental Screening, our model and program requires that screenings occur at earlier ages. Should we complete the M10A (Developmental Screening referral tracking and follow up form), if we referred at an earlier age?

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 M10A to reflect referrals that occur as a result of screenings at 9, 18, 24 and 30 months.

The HFA model requires that we complete the developmental screening at 8 months, can we submit that and meet the MIECHV requirements?

The new MIECHV Benchmark measures require that developmental screenings occur at 9, 18, 24 and 30 months. At 9 months, the ASQ-3 guidelines differ from other ages and have a shorter timeline for completion (30 days). According to ASQ-3 guidelines for choosing a questionnaire, from 9 months 0 days to 9 months 30 days the 9 or 10 month ASQ-3 questionnaire may be completed. Given the MIECHV requirements and the ASQ-3 guidelines referenced, developmental screenings should be completed at 9 months and we will accept both 9 and 10 month questionnaires, with a completion time of 9 months 0 days to 10 months 30 days.*

However, should a child have been born 3 or more weeks premature, and is less than 24 months of age, you will use the appropriate age-adjusted questionnaire when the child is 9 months.

**If you have already received a New 2017 Data Collection & Reporting Schedule for a client who is younger than 9 months, please adjust the Date Range for Form Completion for the 9 month ASQ to 9 months 0 days to 10 months 30 days.*

**When receiving a new schedule, please note that the collection period for this form varies from the rest of the schedule and will look different.*

Does the Developmental Screening measure require that the specific 9, 18, 24 and 30 month questionnaires be completed or that a developmental screening be completed at the child's chronological age at 9, 18, 24 and 30 months (i.e., at 9 months following birth)?

The Developmental Screening measure requires that a developmental screening be completed at the child's ***chronological age*** of 9, 18, 24 and 30 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.

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.

How will concerns regarding child's development, behavior, or learning be reported?

Home Visitors are encouraged to continue engaging families in discussions regarding their child's behavior, development and learning at each visit. A yes/no column has been added to the Visit Date Report, to document if this discussion (question) has been asked of the family.

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.

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.

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.

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.

For Well Child Visits, why doesn’t the data collection schedule include all of the recommended visits according to the American Academy of Pediatrics (AAP)?

All of the AAP recommended well child visits are included within the new forms. To reduce the data collection burden, more than one well-child visit might be collected on one MIECHV reporting form.

For depression, tobacco or intimate partner violence referrals, there are various reasons why they may not be referred, how will these be captured?

- For tobacco screening, we are only tracking if and when a referral was made.
- For both depression screening and intimate partner violence screening, there are spaces to mark why a referral wasn’t made, we realize they may not capture all reasons and therefore an “other” option is available.

Who should we contact for technical assistance surrounding the new measures and data collection?

You are welcome to reach out to any members of the MIECHV state team with data collection questions though you may want to check in with other members of your agency or your contracting agency (if applicable) first, to see if they have the answer.

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.