



Bulletin

NUMBER

#15-15-01

DATE

September 30, 2015

OF INTEREST TO

County Community
Health Boards (CHBs)

Tribal Governments
(Tribes)

County Public
Health Directors

Child and Teen
Checkups Coordinators

ACTION/DUE DATE

Electronic Submissions are
due by **October 30, 2015**.

EXPIRATION DATE

May 31, 2017

2016 Interim Contract Requirements for Child and Teen Checkups (C&TC) Administrative Services

TOPIC

2016 C&TC Administrative Services Interim Contract
Requirements.

PURPOSE

Notify CHBs, tribal governments, and local public health
agencies of the 2015-2017 C&TC contract requirements and
process for calendar year (CY) 2016.

CONTACT

Anne Kollmeyer
Child and Teen Checkups Project and Policy Manager
651-431-2633
E-mail: anne.kollmeyer@state.mn.us

ELECTRONIC SUBMISSIONS TO:

DHS Child and Teen Checkups
Email: dhs.childteencheckups@state.mn.us

SIGNED

NATHAN MORACCO
Assistant Commissioner, Health Care

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

Background

Federal financial participation (FFP) is available to reimburse community health boards (CHBs) and tribal governments (Tribes) that provide direct support to administer required outreach and follow-up activities for the federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. In Minnesota, EPSDT is known as the Child and Teen Checkups (C&TC) Program. This program is designed to ensure that Medical Assistance (MA) enrolled children receive comprehensive health care.

Important Information or Changes for CY2016

- **MinnesotaCare Eligibles no longer included in C&TC outreach activities**

The federally approved MinnesotaCare benefit set does not include C&TC outreach activities; therefore the Child and Teen Checkups contracts have been amended to delete MinnesotaCare language for contract years 2016 and 2017. The budget formula is based only on Estimated Eligible MA Children under age 21 for contract years 2016 and 2017.

- **Claims Submissions**

Due to Health Insurance Portability and Accountability Act (HIPAA) Electronic Transaction Standards, the implementation of Version 5010, and a requirement of the Administrative Uniformity Committee (AUC) all claims submitted to DHS must include a diagnosis code. For reimbursement of C&TC Administrative Services provided from January 1, 2016 through December 31, 2016, CHBs/Tribes must use ICD-10 diagnosis code Z02.89 unless notified differently by DHS.

- **Contract Budget**

Contractors that do not contract for the maximum amount (\$26.50 per child) available to the CHB/Tribe are required to submit an explanation of how the CHB/Tribe intends to meet the federal 80% participation goal.

- **Subcontracting/Consultant Costs Information Form**

Contractors who choose to use part of the available C&TC contract funds to subcontract with another program or agency in order to provide a portion of C&TC outreach services are required to complete and submit Appendix C as part of the CY 2016 contract process.

- **NPI or UMPI**

All C&TC contractors are required to use their agency's 10-digit "National Provider Identifier" (NPI) or their "Unique Minnesota Provider Identifier" (UMPI) number when billing for C&TC administrative services (Review "Billing Information for C&TC Administrative Services on pages 7-8).

- **C&TC Administrative Services Annual Budget Worksheet**

The worksheet (Attachment 1) has automatic calculation features, including a separate sheet for the Annual Services Annual Expenditure Report, Appendix G, to be used for reporting in FY 2017.

General Information for C&TC Administrative Contract

- CHBs (both single and multi-county) and Tribes are referred to as "contractors" throughout this bulletin
- For the 2016 contract period, multi-county CHB contractors should submit required materials as a CHB, not as individual counties. This includes budgets, contractor information, work plans and reports
- Multi-county CHB contractors should bill for C&TC Administrative Services as a CHB, not as individual counties
- This bulletin is available on the DHS website
- Bulletin attachments are available to contractors electronically via e-mail (the C&TC Administrative Services Annual Budget Worksheet in Excel and other attachments in Microsoft Word format)
- Required 2016 contract materials must be submitted electronically to DHS for review and approval prior to signature
- Contract and work plan activity records must be maintained for 6 years after the contract end date has expired
- Contractors are required to obtain prior DHS written approval for **new** C&TC outreach activities such as media projects, evaluations and survey activities (not identified in the approved contract) before implementation. DHS will offer support for new initiatives in keeping with C&TC Program goals as well as offer technical and research assistance
- Contractors are required to notify and obtain approval from DHS before discontinuing approved work plan activities
- It is recommended that the C&TC Coordinator position be held by a Public Health Nurse (PHN) and be a full-time position when possible. If the C&TC Coordinator position is not held by a PHN, it is required that the C&TC Coordinator is under the direct supervision of a PHN supervisor
- Contractors can move up to 10% of the total approved contract funds or \$10,000.00 whichever is less, within budget line items for **approved** activities included in the contract work plan without DHS approval. Budget revisions in excess of \$10,000.00 require approval and the submission of a revised budget to DHS
- All advertisements and outreach materials for Child and Teen Checkups (C&TC) must be provided to DHS for review and written approval prior to purchase and implementation

- All equipment purchases and associated software require prior approval. Equipment and other items purchased with C&TC funds must be used solely for the C&TC Program or the cost prorated among the programs sharing the equipment. Capital purchase descriptions must include cost effectiveness justification

RESPONSIBILITIES

Contractors will provide the following C&TC administrative services as listed in the contract (please review the contract for a complete list of tasks and activities):

1. Provide C&TC administrative services to children, birth through 20 years of age, enrolled in MA for whom the CHB or Tribe is contractually responsible. Determination of contractor responsibility is based on county of financial responsibility (CFR) for MA enrollees residing within each CHB's county(ies) or Tribe's contract health services delivery areas (CHSDA). Enrollment determination for Tribal CHSDA is based on enrollment data submitted by Tribes or Indian Health Services (IHS).
2. Comply with program policies, procedures, and directives as identified in DHS C&TC Program communications such as C&TC Coordinator Update Memos, the C&TC Coordinator Handbook and future revisions of any approved DHS policies, procedures, or directives.
3. Provide C&TC administrative services orientation training for all new C&TC staff in addition to having new C&TC Coordinators attend any available C&TC training offered by DHS. Promote DHS training attendance to other new C&TC staff as appropriate.
4. Maintain dated documentation of required outreach and follow-up activities in CATCH system to the extent possible. Document other contract activities by other means as necessary.
5. Document all activities completed to increase C&TC screening services participation ratios.
6. Determine and document in CATCH system the willingness of eligible families and children to participate in the C&TC Program.
7. Demonstrate and document in CATCH system attempts to provide outreach to all eligible families and children through written, oral, and/or face-to-face communications.
8. Maintain integrity and security of CATCH data by following DHS instructions for backing up CATCH Program databases.
9. Maintain fully functional CATCH system for use in assisting with completing contracted duties and responsibilities following DHS instructions and requirements including CATCH system requirements, the CATCH User Manual and CATCH monthly download e-mails.
10. Provide CATCH training for new C&TC Coordinators in addition to having new C&TC staff attend any available CATCH training offered by DHS.
11. Comply with the C&TC Administrative Services Annual Budget Worksheet (Attachment 1) and revisions approved by DHS.

12. Perform the tasks identified in the C&TC Work Plan (Attachment 2.1-2.5) and revisions approved by DHS.
13. Comply with the terms of the finalized contract.
14. Comply with all C&TC Program administrative and annual reporting requirements as identified by DHS.
15. Obtain required DHS written approval for new C&TC projects, outreach activities, evaluation, and survey activities not identified in the approved contract before implementation.
16. Comply with requirements for pilot projects and new initiatives, incorporate an appropriate evaluation component to monitor the effectiveness of the project outcome, and include a final report to DHS at the conclusion of the project period.
17. Seek required DHS approval to add and/or remove activities from the approved C&TC Work Plan (Attachment 2.1-2.5)
18. Demonstrate efforts to use all available resources to increase C&TC participation.

Action Required

All contractors should submit required materials using the identified appendices below. No other versions will be accepted. Attachments and Appendices will be sent electronically in Microsoft Word, Adobe PDF, and Excel (budget worksheets) to contractors. Materials need to be submitted in Microsoft Word, Adobe PDF, and Excel (C&TC Administrative Services Annual Budget Worksheet). **All contractors should complete and submit the following attachments electronically unless otherwise directed, by October 30, 2015 to:**

dhs.childteencheckups@state.mn.us

1. The 2015-2017 (C&TC) Administrative Services Annual Budget Worksheet, Attachment 1

- One 2016 Budget Worksheet should be submitted electronically by October 30, 2015 by each contractor for DHS review and approval. Use the attached C&TC Administrative Services Annual Budget Worksheet. No other versions will be accepted. The DHS approved C&TC Administrative Services Annual Budget Worksheet will be incorporated and made part of the CY 2016 C&TC contract.
- C&TC administrative services budget for CY 2016 should be determined using information from Appendices A or A-1, which is also incorporated into the Excel 2016 Budget Worksheet. Contractors not contracting for the maximum amount available to the CHB/Tribe are required to submit an explanation of how the CHB/Tribe intends to meet the federal 80% participation goal.
- To determine the available amount of funding for contract year three, contractors should use the appropriate Appendix A or A-1, for Estimated Eligible MA Children Under Age 21, published by DHS in a bulletin in 2016. To determine the available amount for contract year three, contractors should use the appropriate Appendix A or A-1, for Estimated Eligible MA Children Under Age 21, published by DHS in a bulletin in 2016.

2. The 2015-2017 C&TC Administrative Services Work Plan, Attachment 2.1-2.5

- Contractors must update their current work plan (Attachments 2.1-2.5) and submit the revised plan electronically for review and approval by October 30, 2015.
 - All changes should be identified in **red font color**.
 - One work plan should be submitted for a multi-county CHB. If an activity is to be performed by an individual county of a multi-county CHB, that county should be identified in the work plan for that activity. For other activities, it is assumed that all counties of the CHB will perform them.
 - Approved work plan will be incorporated and made part of the 2015-2017 C&TC Administrative Services Contract
- Contractor activities identified in the work plans should be reviewed periodically throughout the contract period and updated as needed. Submit changes to work plan activity in **red font** to DHS for approval

3. Contractor Information, Appendix B

- For CY 2016, all contractors **must submit a new revised Contractor Information, Appendix B** listing their agency's 10-digit NPI/UMPI number by October 30, 2015. This number is required to bill for C&TC administrative services. Without the correct NPI or UMPI number, reimbursement cannot be made. If your agency has questions about NPI/UMPI numbers, call the MHCP Provider Call Center at (651) 431-2700 or 1-800-366-5411.
- For successful communications regarding the contract, it is important that, during the contract period, DHS must have the correct authorized representative contact information on file.

4. Subcontracting/Consulting Costs Information Form, Appendix C

- Some C&TC contractors choose to use a part of their available C&TC contracting funds to subcontract with another program or agency to assist with providing a portion of their C&TC outreach services that would otherwise not be provided.
- For C&TC purposes, the definition of subcontracting means "A contract between a party to an original contract and a third party that assigns part of the performance of the original contract to the third party."
- Contractors who choose to use part of the available C&TC contract funds to subcontract with another program or agency in order to provide a portion of C&TC outreach services are required to complete and submit Appendix C as part of the CY 2015 contract process.
- C&TC contractors not planning on subcontracting for services **do not** have to complete Appendix C.

5. Budget Contract Process

- The Annual C&TC Administrative Services Contract budgets for 2016 and other submitted materials as required will be reviewed in the order received. DHS will respond to submitted materials within 30 days of receipt. Contractors will be contacted if additional information or corrections are needed. DHS will notify contractors when the 2016 C&TC Administrative Services Contract budgets and any revised C&TC work plans or other applicable materials are approved.
- **Three (3) original signed copies of the contract and budget, including all attachments, must be mailed to DHS and received by December 1, 2015. Please mail to:**
Anne Kollmeyer, C&TC Project and Policy Manager
Minnesota Department of Human Services
PO Box 64984
St. Paul, MN 55164-0984
- When the 3 copies of the budget have been signed by the contractor and DHS, one original signed copy with any attachments will be mailed to the authorized representative of the contracting agency. C&TC administrative service activities cannot begin or be reimbursed without an approved and signed CY 2015 budget. (Minnesota Statutes, section 16C.05). Contractors will be notified by the DHS authorized representative when to begin work. **All contract budgets should be finalized prior to December 21, 2015. Contracts not signed and executed by December 31, 2015 will be prorated according to the actual term of the contract.**

Billing Information for C&TC Administrative Services

- Contractors are responsible for certifying expenses for C&TC administrative services performed by the contracting agency or their subcontractor(s).
- Contractors must bill for actual expenditures for services provided under the contract up to the approved contract amount. Any unused portion of the contract amount is not to be used for other purposes or carried over to the following year.
- The fiscal agent and the NPI or UMPI number must be included on Appendix B of the contract. Contractor accounts are set up using the approved contract NPI or UMPI number. Only the approved NPI or UMI number can be used for billing C&TC administrative services. Contractors must notify DHS if the NPI or UMPI number changes.
- **If for any reason the NPI or UMPI number changes during the contract period, contact Anne Kollmeyer immediately via e-mail at: anne.kollmeyer@state.mn.us or by telephone at: 651-431-2366.**
- All claims for C&TC administrative services should be submitted to DHS electronically through MN-ITS on the 837P claim form. If your agency has questions about this electronic submission requirement, call the MHCP Provider Call Center at 651-431-2700 or 1-800-366-5411.
- The C&TC administrative services HCPCS code X5623 must be used.
- The C&TC administrative services ICD-10 diagnosis code Z02.89 must be used unless notified differently by DHS.

- Contractors are strongly encouraged to bill DHS for C&TC administrative services on a monthly basis; however, claims may be submitted up to one year from the date of service.
- Contracting agencies needing to establish a new or different NPI or UMPI number to bill DHS for C&TC administrative services or for general billing questions for C&TC Administrative Services should contact Anne Kollmeyer.

Annual Reporting Requirements

Required Annual reports for CY 2015, 2016, and 2017:

1. Narrative Report
2. Appendix E: Administrative Services
3. Appendix F: CATCH 3 (C3) Administrator Access Form
4. Appendix G: Annual Expenditure Report
5. Appendix H1: Outcomes and Indicators: #1 Screening-Contractor Participation Rate
6. Appendix H.2: Outcomes and Indicators: #2 Screening-CHB or foster care participation Rate
7. Appendix H3: #3 Resource Allocation, Staffing Caseload
8. Appendix H4: #4 Percent Total Contractor Available Funds Expended
9. Appendix H5: #5 CATCH 3 Timeline Monthly Data Download
10. Appendix H6: #6 Outreach Activities-Percentage of new families enrolled in the report year contacted and reached for C&TC Participation response
11. Appendix H7: #7 Outreach Activities-Percentage of new families enrolled in the report year reached for participation response who responded "yes" to C&TC Program participation
12. Appendix H8: Provider Outreach
13. Appendix H9: Summary of Outcomes/Indicators Points Annual Report

All required annual reports for CY 2015 are due no later than June 30, 2016. These reports will provide important statistics to DHS and assist contractors with program monitoring and future planning. Electronic copies of the required 2015 report documents will be sent to CHBs/Tribes in the spring of 2016. Please read all report instructions carefully before completing. Refer to your 2015-2017 contract for more information.

*Note that Annual Report forms may change in early 2016. DHS will notify Contractors in advance of submission date if Annual Report forms are revised.

Legal Authority

Title XIX, Sections 1902 (a) (43), 1905 (a)(4)(B) and 1905 (r) of the Social Security Act as amended in Omnibus Budget Reconciliation Act (OBRA) of 1989; Minnesota Rules, parts 9505.1693 to 9505.1748; Minnesota Statutes, section 256B.04, subd.1b.

Attachments/Appendices for 2016 C&TC Administrative Services Contracts

Attachments

1. **Attachment 1:** 2016 Child and Teen Checkups (C&TC) Administrative Services Annual Budget Worksheet (incorporates Appendix G)
2. **Attachment 2.1-2.5:** If revisions are necessary, a revised 2015 Child and Teen Checkups (C&TC) Administrative Services Work Plan, in one word file with changes in red font.

Appendices

1. **Appendix A:** 2016 Estimated Eligible MA Children Under Age 21 by County and Tribe.
2. **Appendix A-1:** 2016 Estimated Eligible MA Children Under age 21 by CHB.
3. **Appendix B:** 2016 Administrative Contract Contractor Information
4. **Appendix C:** 2016 C&TC Administrative Services Subcontracting/Consulting Costs Information Form.

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-2633 (voice), toll free at (800) 657-3739 (include if available within the division), or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Enter requested information in highlighted cells or cells with question marks(delete ? if cell is not needed)

Select Name of CHB/Tribe:

Select from Drop Down List

PART A: Compensation

Section 1: Table 1 - Direct Staffing Costs

Position	Annual C&TC Hours	Full-Time Equivalent (FTE)	Salary and Wages	Fringe Benefits	Instruction
Supervisor					List each person separately with initials/name, position title and credentials.
?	?	#VALUE!	?	?	
?	?	#VALUE!	?	?	
?	?	#VALUE!	?	?	
?	?	#VALUE!	?	?	
?	?	#VALUE!	?	?	
Supervisor Total	0	#VALUE!	\$0.00	\$0.00	
Outreach Staff (Identify Coordinator)					List Additional Outreach Staff in Table 2 at right (cell H9).
?	?	#VALUE!	?	?	
?	?	#VALUE!	?	?	
?	?	#VALUE!	?	?	
?	?	#VALUE!	?	?	
Total from Table 2	0	#VALUE!	\$0.00	\$0.00	
Outreach Staff Total	0	#VALUE!	\$0.00	\$0.00	
Clerk or Support Staff					
?	?	#VALUE!	?	?	
?	?	#VALUE!	?	?	
?	?	#VALUE!	?	?	
?	?	#VALUE!	?	?	
?	?	#VALUE!	?	?	
Support Staff Total	0	#VALUE!	\$0.00	\$0.00	

Section 2: Equipment

C&TC screening equipment is not an allowable expense. Equipment expenses must be prorated for C&TC use. Computer equipment purchases require prior approval. (Please attach description and justification of equipment expenses. Capital purchase descriptions must include cost effectiveness justification.)

Computer Costs	?
Other Equipment Costs	?

Table 2: Additional Outreach Staff

Position	Annual C&TC Hours	Full-Time Equivalent (FTE)	Salary and Wages	Fringe Benefits
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
?	?	#VALUE!	?	?
Additional Outreach Staff Total	0	#VALUE!	\$0.00	\$0.00

Section 3: Other Direct Costs

		Instruction
Office Supplies	?	
Printing	?	
Postage	?	
Telephone	?	
Office Space	?	
Interpreter/Translation Services	?	
MDH Training conferences/workshops/meetings/fees	?	Plan for at least 1 regional C&TC coordinator meeting @ \$30 per person; 1 Screening in Early Childhood regional workshop at \$50 per person; MDH C&TC screening trainings ranging from \$600/3 day to \$16 per contact hour for ad hoc/updates; other C&TC training provided by MDH @ \$96 per person. Do not include training costs for PHNs not performing C&TC screening services.
C&TC Outreach Supplies	\$0.00	Complete table 3 at right (cell H39).
C&TC Outreach Advertisement	?	C&TC Outreach Advertisement (Please list and attach a description/ad copy/mock up for each ad)
Other (publications, exhibit fees, miscellaneous, etc.)	?	Please list and and attach a description separately.

Section 4: Subcontracts/Consultants Costs

Please complete Appendix C.	?
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Section 5: Indirect Costs

Standard Indirect Cost Rate	10.0%	
Other Approved Indirect Cost Rate	0.00%	Rate in excess of standard rate must be accompanied by federal letter of approval.

PART B: Travel Costs

Miles traveled	?	miles
CHB/Tribe Mileage rate	?	input as cents
Commissioner's mileage rate	57.5	cents
DHS/MDH C&TC designated training conferences/workshops/meetings	?	Mileage, lodging, meals, per diem, to attend conferences/workshops/meetings.

Line D calc:

C&TC Services Costs per Child: Calculated		Total Budget (line C) divided by the number of eligible children (Appendix A or Appendix A-1).
C&TC Services Costs per Child: Maximum	\$26.50	Not to exceed \$26.50 per eligible child.

**Child and Teen Checkups
2016 Annual Budget Worksheet**

Submit one budget for CHB/Tribe

Name of CHB/Tribe:

Select from Drop Down List

Estimated number of CHB/Tribe C&TC Eligible Children

- (From Bulletin #15-15-01 Appendix A or A-1)

A. COMPENSATION COSTS

1. Direct Staffing Costs					
Position	Annual C&TC Hours	Full-Time Equivalent (FTE)	Salary and Wages	Fringe Benefits	Total Salary/Wages and Fringe Benefits
Supervisor	0	#VALUE!	\$0.00	\$0.00	\$0.00
Outreach Staff	0	#VALUE!	\$0.00	\$0.00	\$0.00
Clerk or Support Staff	0	#VALUE!	\$0.00	\$0.00	\$0.00
Totals	0	#VALUE!	\$0.00	\$0.00	\$0.00

2. Equipment: C&TC screening equipment is not an allowable expense. Equipment expenses must be prorated for C&TC use. Computer equipment purchases require prior approval. (Please attach description and justification of equipment expenses. Capital purchase descriptions must include cost effectiveness justification.)	Computer Costs	?
	Other Equipment Costs	?

3. Other Direct Costs	
Office Supplies	?
Printing	?
Postage	?
Telephone	?
Office Space	?
Interpreter/Translation Services	?
MDH Training Conferences/Workshops/Meetings/Fees: plan for at least 1 regional C&TC coordinator meeting @ \$30 per person; 1 Screening in Early Childhood regional workshop at \$50 per person; MDH C&TC screening trainings ranging from \$600/3 day to \$16 per contact hour for ad hoc/updates; other C&TC training provided by MDH @ \$96 per person. <i>Do not include training costs for PHNs not performing C&TC screening services.</i>	?
C&TC Outreach Supplies (please list a description including estimated amount of items and cost per item on page 3 Attachment 1)	\$0.00
C&TC Outreach Advertisement (Please list and attach a description/ad copy/mock up for each ad)	?
Other (publications, exhibit fees, miscellaneous, etc.) (Please list and attach a description).	?
Total Other Direct Costs	\$0.00

4. SUBCONTRACTS/CONSULTANTS COSTS (Please complete Appendix C.)	?
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5. INDIRECT COST – Use a standard indirect cost allowance equal to only 10% of the direct salary and fringe benefits of providing the service in lieu of determining the actual indirect cost. Any other indirect cost rate must be based on and supported by a cost allocation plan. (See 'Input' tab)	0
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**Child and Teen Checkups
2016 Annual Budget Worksheet**

6. Total Compensation Cost – (Sum of A1 through A5)	\$0.00
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B. TRAVEL COSTS

1. Mileage: ? miles at 57.5 cents per mile (Commissioner's rate or CHB/TRIBE rate, whichever is less). As of July 1, 2013, the mileage reimbursement rate is 57.5 cents per mile.	#VALUE!
2. DHS/MDH C&TC designated training conferences/workshops/meetings (mileage, lodging, meals, per diem, to attend conferences/workshops/meetings)	?
Total Travel (Sum B1 and B2)	#VALUE!

C. Total Budget Request (Sum of A and B) (Rounded to the nearest dollar)	#VALUE!
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D. C&TC Services Costs per Child: <i>Total Budget (line C) divided by the number of eligible children (Appendix A or Appendix A-1). Not to exceed \$26.50 per eligible child. (If amount is less than \$26.50, submit an explanation of how CHB/Tribe intends to meet the federal 80% participation goal while using less than the full contract amount).</i>	\$0.00
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IN WITNESS WHEREOF, CHB/TRIBE and STATE have mutually agreed with this Budget Worksheet.

For CHB/TRIBE: _____

Date: _____

For STATE: _____

Date: _____

**Child and Teen Checkups (C and TC)
2016 Administrative Services
Annual Expenditure Report**

Name of CHB/Tribe: Select from Drop Down List

Provide one report per CHB/Tribe

Report Year: **2016**

Category From 2016 Budget Worksheet – Attachment 1	C&TC Administrative Budget 2016	*Actual Expenditures for these Activities	Balance (difference between C&TC Administrative Funds Budget per 2016 Contract and Actual Expenses for line items listed)	Funds from other sources spent for these activities
A. Compensation Costs				
1. Total Direct Staffing Costs	\$0.00		\$0.00	
2. Total Equipment	\$0.00		\$0.00	
Other Direct Costs				
3. Total Office Supplies	?		#VALUE!	
4. Total Printing	?		#VALUE!	
5. Total Postage	?		#VALUE!	
6. Total Telephone	?		#VALUE!	
7. Total Office Space (Rent)	?		#VALUE!	
8. Interpreter/Translation Services	?		#VALUE!	
9. Total Training Costs	?		#VALUE!	
10. Total C&TC Outreach Supplies	\$0.00		\$0.00	
11. Total C&TC Outreach Advertisement	?		#VALUE!	
12. Total Other Costs	?		#VALUE!	
13. Subcontractors/Consultants	?		#VALUE!	
14. Indirect Cost – Must not exceed 10% of the direct salary and fringe benefits	\$0.00		\$0.00	
Total Compensation Cost (sum 1 thru 14)	\$0.00	\$0.00	#VALUE!	\$0.00
B. Total TRAVEL COSTS	#VALUE!		#VALUE!	
C. Total Expenditures	#VALUE!	\$0.00	#VALUE!	\$0.00

D. Number of C&TC Eligible Children (SFY 2016: Appendix A or A-1)

-

E. C&TC Services Costs per Child: Line C (total Actual Expenditures) divided by line D (Number of Eligible Children)

#DIV/0!

*Please show full annual amount of C&TC expenditures in Expenditure Column. If funds from other sources were used for the line item/activity listed, please list the amount in the column "Funds from other sources."

"I certify that all expenditures have been provided to C&TC Administrative Services."

Prepared by (print name):

Date:

Signature:

Telephone:

Please submit by June 30, 2017 to: Anne Kollmeyer, Child and Teen Checkups Coordinator, Minnesota Department of Human Services, anne.kollmeyer@state.mn.us

**Child and Teen Checkups (C&TC)
2015-2017 Administrative Services Work Plan**

OBJECTIVE 1:

Inform families and/or children from birth through age 20 enrolled in Medical Assistance (MA) about the C&TC Program.

Federal/State Requirements: Information about the C&TC Program must be provided to enrolled children birth through age 20 and/or their families **within 60 days** of the eligibility determination. Families/children must be effectively informed using a combination of written, oral, and face-to-face methods. Include information such as the benefits of preventive health care, the services available under the C&TC Program, where and how to obtain those services, that the services are without cost to the eligible child, and that transportation, interpreter, and scheduling assistance is available, etc.

Establish and implement a process to effectively inform foster care families/children.

Determine family response to C&TC Program participation. Documentation must be kept which indicates that recipients have accepted, declined, or are undecided about C&TC services AFTER receiving the information. Families/children which are undecided about participating in the C&TC screening program should be provided with additional information.

CHB/Tribe Name: _____

Name of C&TC Program Coordinator(s):

CHB/Tribe C&TC Participation Rate for FFY 2013: _____%

CHB/Tribe C&TC Participation Rate for FFY 2014: _____%

CHB/Tribe C&TC Participation Rate for FFY 2015: _____%

Work Plan for (check one):

2015: ____ Make revisions in red.

2016: ____ Check year if Attachment 2.1 is revised for 2nd year of contract.
Make revisions in red.

2017: ____ Check year if Attachment 2.1 is revised for 3rd year of contract.
Make revisions in red.

Required Activities**Describe the methods used to complete these required activities.**

1. Maintain a current electronic list of eligible and newly eligible families and children. (CHB/Tribe must know who the eligible population is to do outreach and follow-up) *Use the CATCH System according to DHS instructions to assist with maintaining this list.*

2. Effectively inform newly eligible families/children about the benefits of participation in the C&TC Program within 60 days of eligibility determination. Use a combination of written, oral and face-to-face methods. Use clear, non-technical language at or below a 7th grade reading level in all written communication. Provide communication through interpreter or translated written material when appropriate.

3. Foster care families/children should be informed through responsible CHB/Tribe child case or social workers, foster care parents, or legally responsible guardians. At least annually, inform foster care homes/institutions, appropriate social workers of C&TC Program services available to foster care children. Work with foster care child workers to develop a process to assure children in foster care receive C&TC information.

**Child and Teen Checkups (C&TC)
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Required Activities	Describe the methods used to complete these required activities.
4. Provide effective means to inform those eligible families/children who are blind, deaf or who cannot read or understand the English language.	
5. After effectively informing families/children about C&TC, determine if their response is “yes”, “no” or “undecided” about accepting C&TC benefits. Document their response in CATCH system. New families will appear in the CATCH system as “U” or Undecided. If reached and a family remains “undecided” after receiving outreach, document/choose “undecided” in the detail list for that outreach contact If not reached, leave “U” families as undecided in CATCH. Do not change the case status for the undecided unless a direct response has been received from the family. Never <u>assume</u> a “yes” or “no” response. Families/children declining C&TC services should not be contacted about the program again for one year. After one year from the time the “No” response was entered into CATCH, reminder letters will resume as each child is due for a screening. (A re-notification letter will also be generated if no screenings or case activity occurred during the year.)	
6. Maintain dated documentation of families/children who are informed by written, oral, and/or face-to-face methods about C&TC Program.	
7. Remind eligible families/children in writing, orally and/or face-to-face when their next C&TC screening is due, according to the current periodicity schedule. Utilize C&TC Parent Checklists. Maintain dated documentation of all reminder activities.	
8. Conduct periodic in-service training about the C&TC program as appropriate with local agency staff, social services/income maintenance staff, Women, Infants and Children (WIC), Public Health Nursing, etc. Promote, encourage, and inform staff about ways to assist in the informing of eligible families/children about the C&TC program and its benefits.	
9. Other activities provided to meet this objective:	

**Child and Teen Checkups (C&TC)
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OBJECTIVE 2:

Provide assistance for families and children to access C&TC services.

Federal/State Requirements:

Within 10 days of a request, families/children must receive assistance with scheduling screening and referral appointments, and arranging transportation and interpreter services. Documentation must be kept that indicates recipients received assistance. Information about current C&TC providers, dental providers, transportation services, interpreter services, etc. must be available in writing. Offers of assistance with obtaining C&TC services or referral follow-up services should be included in all appropriate contacts with eligible families/children.

CHB/Tribe Name: _____

Work Plan for (check one):

2015: ____ Make revisions in red.

2016: ____ **Check year if Attachment 2.2 is revised for 2nd year of contract.** Make revisions in red.

2017: ____ **Check year if Attachment 2.2 is revised for 3rd year of contract.** Make revisions in red.

Required activities	Describe the methods used to complete these required activities.
1. Of the newly eligible families/children, identify those needing assistance with obtaining services. To identify families/children needing assistance, contact in writing, orally and/or face-to-face. Document all contacts in CATCH.	
2. Assist families/children, who request assistance, with obtaining screening and/or referral services within 10 days of the request. Keep dated documentation.	
3. Offers of assistance with obtaining C&TC screening or follow-up services should be included in all appropriate letters, telephone calls and face-to-face contacts with eligible families/children.	
4. Maintain and provide upon request a current, written list of C&TC screening service providers, (identify both fee-for-service and Prepaid Medical Assistance Program (PMAP) Health Plan providers) dental service providers and vision and hearing screening providers. Include addresses, telephone numbers, and service hours. Lists should be updated at least twice a year.	

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Required activities	Describe the methods used to complete this activity.
5. Maintain and provide upon request a current, written list of transportation providers. Include addresses, telephone numbers and service hours. Update list as needed or at least annually. Also, work with Health Plans to assist families in accessing transportation through their health plan.	
6. Maintain written list with information about alternate, available methods of communication such as sign language interpreter services, Braille, language interpreter services and translated materials. Update as needed or at least annually.	
7. Provide follow-up on referrals for diagnosis and/or treatment made during a C&TC screening to determine if child has received the referral services. Offer assistance, as needed, with making an appointment, transportation or interpreter arrangements, etc. To obtain screening referral information, run appropriate CATCH system report at least monthly. Keep dated documentation.	
8. Other activities provided to meet this objective:	

**Child and Teen Checkups (C&TC)
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OBJECTIVE 3:

Identify families and children who decline C&TC services and/or who do not participate in C&TC screening services.

Federal/State Requirements:

Families/children may decline C&TC services at any time. If a family chooses not to participate in the C&TC Program, they should not be contacted further about the program for one year. Agencies are expected to resume outreach to these families again after a year.

Families/children who are eligible for screening services, regardless of their initial response to the C&TC Program, must receive re-notification about the program on an annual basis if there is no indication of any eligible child in the family receiving C&TC screening services.

CHB/Tribe Name: _____

Work Plan for (check one):

2015: ____ Make revisions in red.

2016: ____ **Check year if Attachment 2.3 is revised for 2nd year of contract.** Make revisions in red.

2017: ____ **Check year if Attachment 2.3 is revised for 3rd year of contract.** Make revisions in red.

Required activities	Describe the methods used to complete these required activities.
1. Maintain dated documentation of families/children who say “no” to participation in the C&TC Program. Families/children have a right to say they do not want to be contacted about C&TC and these families should not be contacted for one year.	
2. After one year from the date the family said “no,” eligible children/families should again receive information about C&TC services and reminders about C&TC screenings due according to the current periodicity schedule. (Reminder letters will begin to be generated as children are due for a screening.)	
3. Families who have not participated in C&TC screenings for one year must be effectively re-notified of their eligibility to receive C&TC services. CATCH will generate re-notification letters to enrolled families who have not received any C&TC screenings or outreach contacts, letters, etc. (no case activity) for one year. These letters remind families that they are still eligible to receive C&TC benefits.	
4. Other activities provided to meet this objective:	

**Child and Teen Checkups (C&TC)
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<p>OBJECTIVE 4: To coordinate C&TC services with related programs.</p> <p>Federal/State Requirements: C&TC must be coordinated with Women, Infants and Children (WIC) Programs. Referral of C&TC enrollees to WIC for determination of possible eligibility is required. C&TC must also be coordinated as appropriate with other child programs including Head Start, Maternal and Child Health (MCH) programs, public schools and immunization programs/registries. In Minnesota, this also includes Children’s Mental Health and Community Health Services.</p>	
<p>CHB/Tribe Name: _____</p> <p>Work Plan for (check one):</p> <p>2015: ____ Make revisions in red. 2016: ____ Check year if Attachment 2.4 is revised for 2nd year of contract. Make revisions in red. 2017: ____ Check year if Attachment 2.4 is revised for 3rd year of contract. Make revisions in red.</p>	<p>Guidelines: Please read requirement above. (1) coordination efforts should contain costs, improve service delivery overlap, cut duplication, comply with HIPAA and close gaps in services; (2) pursue community collaborative efforts (health fairs, screening services, health forums and public awareness; (3) written interagency agreements should delineate roles and responsibilities, provide monitoring and evaluation of activities and disperse funds.</p>
<p>Agency:</p>	<p>Describe collaborative, community activities</p>
<p>1. Refer appropriate C&TC enrollees to WIC for possible eligibility determination and appropriate WIC clients to C&TC. This is required.</p>	
<p>2. Head Start</p>	
<p>3. Immunization Registries, etc.</p>	
<p>4. Public Schools (e.g. Early Childhood Screening [ECS])</p>	
<p>5. MCH Programs (e.g. home visiting if appropriate)</p>	
<p>6. Other (Children’s Mental Health, Housing Programs, Information and Referral Services, Health Related Services, Daycare, Support Services [e.g. transportation, health education, counseling], collaborative activities, health fairs, etc.)</p>	

**Child and Teen Checkups (C&TC)
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OBJECTIVE 5:

Recruit and train local providers about the C&TC Program.

Federal/State Requirements:

States are required to take advantage of all resources to deliver C&TC services in order to assure a broad provider base to meet the needs of the eligible MA enrollee population.

Agencies are required to do outreach to C&TC provider clinics to promote the C&TC Program, to encourage compliance with C&TC Program requirements, to assist in the assessment of C&TC training needs, to assist in the coordination of outreach and training with Minnesota Department of Health (MDH), Minnesota Department of Human Services (DHS), health plan representatives and other agency coordinators as appropriate, to act as a referral source and to offer C&TC Program technical assistance as needed.

<p>CHB/Tribe Name: _____</p> <p>Work Plan for (check one):</p> <p>2015: ____ Make revisions in red.</p> <p>2016: ____ Check year if Attachment 2.5 is revised for 2nd year of contract. Make revisions in red.</p> <p>2017: ____ Check year if Attachment 2.5 is revised for 3rd year of contract. Make revisions in red.</p>	<p>Guideline: C&TC Administrative Services agencies are required to identify and provide information and technical assistance to all C&TC providers available to families/children. C&TC Administrative Services agencies may provide training on C&TC Program requirements. C&TC Administrative Services Agencies should promote C&TC trainings offered through the DHS interagency agreement with MDH. This includes communicating the trainings being offered and contacting MDH to request trainings for their local C&TC providers. MDH staff is available to train local providers on C&TC screening components.</p> <p>*Note: In third column: For contract year 2015, complete 2014 column. For contract year, 2016 complete 2014 and 2015 columns. For contract year, 2017 complete 2014, 2015 and 2016 columns.</p>	<p>Number of estimated MA Eligible Children in Community Health Board (CHB)/Tribe (from Appendix A or A-1). *Please see note under Guideline. 2014: ____ 2015: ____ 2016: ____</p> <p>Current # of C&TC Providers – (# clinics and satellites within CHB border or Tribe Contract Health Services Delivery Area (CHSDA). 2014: ____ 2015: ____ 2016: ____</p> <p>Current # C&TC clinics, within CHB border or Tribe CHSDA, offering C&TC services to new (as well as existing) MA enrollees. 2014: ____ 2015: ____ 2016: ____</p> <p>Current # of Dental Providers – (# clinics within CHB border or Tribe CHSDA) 2014: ____ 2015: ____ 2016: ____</p> <p>Current # of dental providers, within CHB border or Tribe CHSDA, currently offering services to new (as well as existing) MA enrollees. 2014: ____ 2015: ____ 2016: ____</p>
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**Child and Teen Checkups (C&TC)
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Required Activities	Describe the methods used to complete these activities.
<p>1. Contact local providers, at least annually and as often as necessary, to provide information about the C&TC Program and related training opportunities. Assure availability of C&TC services, using a combination of methods, such as a substantive clinic visit annually, telephone calls, emails and mailings (e.g. newsletters, update memos, etc.). Promote use of provider documentation forms to capture all C&TC components.</p>	
<p>2. Coordinate clinic outreach with local health plan representatives and other C&TC Coordinators as appropriate to promote consistent messages and reduce duplication of outreach, assessment and training services.</p>	
<p>3. Identify C&TC provider training needs and coordinate training with MDH, health plan representatives and/or other C&TC Coordinators as appropriate. Act as a referral source, offer technical assistance or respond to requests for assistance as needed and/or conduct training.</p>	
<p>4. Distribute the C&TC Provider Guide web link as needed and as updates to the guides are available, inform providers of these changes to the Minnesota Health Care Program Provider Manual – C&TC Section. Provide web links to each provider with related C&TC information. For providers needing additional information, coordinate with local health plan representatives to provide essential contact and program information.</p>	
<p>5. Act as a referral source for C&TC provider billing issues, e.g., refer providers to the billing information section and resource telephone lists for health plan representatives in the C&TC Provider Guide. For fee-for-service questions/issues, refer providers to the Department of Human Services Provider Call Center at: (651) 431-2700 or 1-800-366-5411.</p>	
<p>6. Maintain current C&TC medical and dental provider lists. These lists should be updated as needed or at least twice annually.</p>	
<p>7. Other activities provided to meet this objective:</p>	

Appendix A

Child and Teen Checkups, 2016 Estimated Eligible MA Children Under Age 21, by County & Tribe (Based on *SFY 2015 data)

#	County - Reservation	Number of Eligible	#	County - Reservation	Number of Eligible
1	Aitkin	1,900	47	Meeker	2,540
2	Anoka	33,375	48	Mille Lacs	3,638
3	Becker	4,232	49	Morrison	3,948
4	Beltrami	5,965	50	Mower	5,425
5	Benton	4,510	51	Murray	820
6	Big Stone	487	52	Nicollet	2,860
7	Blue Earth	5,764	53	Nobles	3,608
8	Brown	2,271	54	Norman	896
9	Carlton	3,115	55	Olmsted	13,537
10	Carver	5,162	56	Otter Tail	6,316
11	Cass	3,979	57	Pennington	1,243
12	Chippewa	1,698	58	Pine	3,484
13	Chisago	4,563	59	Pipestone	1,327
14	Clay	6,588	60	Polk	3,807
15	Clearwater	1,039	61	Pope	1,116
16	Cook	528	62	Ramsey	77,330
17	Cottonwood	1,591	63	Red Lake	412
18	Crow Wing	7,535	64	Redwood	1,708
19	Dakota	34,211	65	Renville	1,968
20	Dodge	2,033	66	Rice	6,751
21	Douglas	3,435	67	Rock	959
22	Faribault	1,776	68	Roseau	1,301
23	Fillmore	2,017	69	St. Louis	18,119
24	Freeborn	3,731	70	Scott	10,487
25	Goodhue	3,631	71	Sherburne	8,100
26	Grant	729	72	Sibley	1,623
27	Hennepin	125,733	73	Stearns	16,106
28	Houston	1,414	74	Steele	4,286
29	Hubbard	2,606	75	Stevens	739
30	Isanti	4,290	76	Swift	1,267
31	Itasca	5,220	77	Todd	3,082
32	Jackson	1,008	78	Traverse	451
33	Kanabec	2,098	79	Wabasha	1,815
34	Kandiyohi	6,363	80	Wadena	2,074
35	Kittson	464	81	Waseca	2,078
36	Koochiching	1,372	82	Washington	15,419
37	Lac Qui Parle	640	83	Watonwan	1,492
38	Lake	860	84	Wilkin	755
39	Lake of the Woods	433	85	Winona	3,812
40	Le Sueur	2,544	86	Wright	10,620
41	Lincoln	544	87	Yellow Medicine	1,109
42	Lyon	3,210	102	Red Lake Res.	1,429
43	McLeod	3,513	103	White Earth Res.	1,475
44	Mahnomen	773	104	Leech Lake Res.	2,030
45	Marshall	789	106	Fond du Lac Res.	1,158
46	Martin	2,343	TOTAL		566,602

*State Fiscal Year 2015 (7/1/14 - 6/30/15)

Appendix A-1

Child and Teen Checkups, 2016 Estimated Eligible MA Children Under Age 21, by CHB (Based on *SY 2015 Enrollment data)

#	Community Health Board	Number of Eligible
1	Aitkin-Itasca-Koochiching Community Health Board	8,492
2	Anoka County Community Health & Environmental Services	33,375
3	Benton County Community Health Board	4,510
4	Blue Earth County Human Services	5,764
5	Brown-Nicollet Community Health Board	5,131
6	Carlton-Cook-Lake-St. Louis Community Health Board	22,622
7	Carver County Public Health	5,162
8	Cass County Health, Human and Veterans Services Board	3,979
9	Chisago County Public Health Department	4,563
10	Countryside Public Health (Big Stone, Chippewa, Lac Qui Parle, Swift, Yellow Medicine)	5,201
11	Crow Wing County Community Services Health Division	7,535
12	Dakota County Public Health Department	34,211
13	Des Moines Valley Health and Human Service (Cottonwood, Jackson)	2,599
14	Dodge-Steele Community Health Board	6,319
15	Fillmore-Houston Community Health Board	3,431
16	Freeborn County Public Health	3,731
17	Goodhue County Health and Human Services	3,631
18	Hennepin County Human Services & Public Health Dept.	125,733
19	Horizon Community Health Board (Douglas, Grant, Pope, Stevens, Traverse)	6,470
20	Human Service of Faribault & Martin Counties	4,119
21	Isanti Community Health Board	4,290
22	Kanabec-Pine County Public Health	5,582
23	Kandiyohi-Renville Community Health Board	8,331
24	Le Sueur-Waseca Community Health Board	4,622
25	Meeker-McLeod-Sibley Community Health Services	7,676
26	Mille Lacs County Community Health Board	3,638
27	Morrison-Todd-Wadena Community Health Board	9,104
28	Mower County Community Health Services	5,425
29	Nobles County Community Services	3,608
30	North Country Community Health Services (Beltrami, Clearwater, Hubbard, Lake of the Woods)	10,043
31	Olmsted County Public Health Services	13,537
32	Partnership4Health Community Health Board (Becker, Clay, Otter Tail, Wilkin)	17,891
33	Polk-Norman-Mahnomen Community Health Board	5,476
34	Quin County Community Health Services (Kittson, Marshall, Pennington, Red Lake, Roseau)	4,209
35	Rice County Community Health Services	6,751
36	Saint Paul-Ramsey County Public Health	77,330
37	Scott County Health and Human Services	10,487
38	Sherburne County Health and Human Services	8,100
39	Southwest Health and Human Services (Lincoln-Lyon-Murray-Pipestone-Redwood-Rock)	8,568
40	Stearns County Human Services	16,106
41	Wabasha County Public Health	1,815
42	Washington County Public Health and Environment	15,419
43	Watonwan County Human Services	1,492
44	Winona County Community Health Board	3,812
45	Wright County Human Services	10,620
TOTAL		560,510

*State Fiscal Year 2015 (7/1/14 - 6/30/15)

As of July 23, 2015

**2015-2017 C&TC Administrative Services
Subcontracting/Consulting Costs Information Form**

1. Please describe the proposed C&TC outreach project.
2. What is the name of the subcontractor who will be providing the outreach services?
3. Will there be either a formal contract or agreement with the subcontractor providing the outreach services? Do they have a choice about a contract/agreement?
4. How will the staff providing the outreach be supervised or monitored to ensure that requirements of contract/agreement are met? Who will have responsibility for supervision/monitoring?
5. Please attach the script outline that will be used to communicate C&TC messages. Identify the specific activities that will be performed.
6. How much time will be spent providing C&TC outreach per family contact?
7. What is the proposed annual budget amount of the C&TC outreach services that will be provided?
8. What is the cost per each outreach activity?
9. How was the amount per outreach activity calculated?
10. Please describe how the results of the C&TC outreach will be evaluated.
11. Does this subcontractor already provide this service as part of their work? (For example, home visiting nurses typically discuss preventive care and programs available with clients as a part of their visit).
12. Does this subcontractor provide the same or similar education outreach or service for all people whether or not they are enrolled in Medical Assistance?