Iowa Department of Public Health
Division of Health Promotion and Chronic Disease Prevention

Community-Based Programs of Maternal Health,
Child Health (including hawk-i Outreach and Oral Health) and Family Planning
Federal Fiscal Year (FFY) 2014 Request for Application (RFA)

Cumulative/Final Written Question and Response Document

Round 1: Written Questions and Responses for questions submitted through March 12, 2013
Posted: March 18, 2013

Q1. Do we need to submit the specific individual and their credentials on the activity form if this is a contracted position from an organization? For example can we put MCH nurse from ABC hospital on the activity worksheet? Some of our subcontractors are undergoing turnover in positions and so we might not know who the specific individual is?

A 1. The directions for reporting staff on Activity Worksheets are listed on page 13 of the FFY 2014RFA. It states," Identify all agency personnel responsible for completing the activity (or staff position if currently vacant). For the CH-OH Activity Worksheet, provide the names of all agency personnel *who will complete the activity* (or staff position if currently vacant)."

- You do not need to report credentials.
- For MH, CH, ***hawk-i*** Outreach, and FP Activity Worksheets, you need to report the ***agency*** person or persons that ***hold the responsibility*** for that activity. You do not need to report each individual person that participates in the activity. If the position is vacant report on the staff position for the activity.
- For the CH-OH Activity Worksheet, you need to report the names of all personnel (agency staff or subcontracted staff) who will complete the activity. If it is not known at this time of the exact person who will complete an activity, such as in your example, reporting "MCH nurse from ABC hospital" would be acceptable.

Q2. Do we need to list credentials on the activity sheet of each staff member responsible for the activity or is having it listed on the staff form sufficient?

A 2. See the response to Q1. Credentials of staff are not required on the Activity Worksheets.

Round 2: Written Questions and Responses for questions submitted through April 10, 2013
Posted: April 17, 2013

Q3. Does the RFA require a letter or signature of support/approval from the local board of health?

A3. No, the RFA does not require a letter or signature of support/approval from the local board of health.

Q4. For the Early ACCESS activity worksheet section described on p. 18: What is the plan for training agency staff to conduct developmental testing (ASQ/ASQ-SE) to children 0-3 years?

A4. The ASQ and ASQ-SE tools specify criteria for administration and training. The ASQ and ASQ-SE tool does not require any "formal" training prior to staff administering the testing tool. The User's Manual states the tool "generally requires little training, although it is important that staff be familiar with the information contained in the User's Guide and Chapter 6 in particular."

While the tool itself doesn't require training, several years ago IDPH, in an effort to provide education and training on the ASQ, held ASQ and ASQ-SE training via an ASQ train-the-trainer project. This was held so that a more "formal" training would be available. If your agency would like to see if an ASQ trainer is in your area, contact Meghan Wolfe at meghan.wolfe@idph.iowa.gov to obtain the list of trainers. If a trainer is not available, then at a minimum staff should be required to read and understand the user manuals prior to administration of the testing tools.

Q5. For the Early ACCESS activity worksheet section described on p. 18: What staff credentials are required to: 1) Administer an ASQ or ASQ-SE; 2) Score the test; and 3) Interpret the results?

A5. ASQ and ASQ-SE User Requirements: The ASQ and ASQ-SE tools do not have requirements in regards to education level in order to administer and interpret the ASQ and ASQ-SE. The ASQ User's Manual states that "paraprofessionals can operate system once it is established, score the questionnaires, and provide routine feedback to families of children."

Iowa Medicaid Requirements: Iowa Medicaid has informed IDPH that if a paraprofessional administers the tool, they need to have professionals within the agency to consult with when the results reflect a need for services. They need staff to whom questions and issues can be shared to assure that the child is appropriately served. Issues may involve interpretation of results or referral.

When billing for developmental testing (code G0451), Medicaid pays for not only administering the tool, but more importantly for providing ***interpretation and report*** of the results. Iowa Medicaid requirements for documenting this service include:

- Date of service
- Name/copy of testing tool (fully completed including all components on the summary page)
- Narrative report on the results and interpretation of the results, including referrals and action taken, family feedback, questions and concerns and plan for follow up.
- First name, last name, credentials, signature of service provider.

After referrals have been made, if applicable, it is important to follow up. Follow up activities on a later date may be billable to IDPH as care coordination.

Q6. For the Early ACCESS activity worksheet section described on p. 18: Is the ASQ/ASQ-SE the only tool that agencies will be expected to use?

A6. The ASQ and ASQ-SE is the developmental tool that IDPH has chosen to "endorse" and is the tool that IDPH invested in. Approximately three years ago IDPH purchased ASQ and ASQ-SE tools for all Title V agencies.

There are other developmental testing tools available, such as Parent's Evaluation of Developmental Status (PEDS). Tools need to be standardized and norm-referenced. Since the ASQ and ASQ-SE is the tool IDPH invested in, we would like to see this tool used.

Q7. For the Early ACCESS activity worksheet section described on p. 18: Do you have information on the costs associated with purchasing the ASQ/ASQ-SE materials such as the hand book and forms to administer testing?

A7. Three years ago agencies were given ASQ and ASQ-SE tools in English and Spanish as well as User Manuals at the BFH Fall Grantee Meeting. If your agency no longer has the tool, they can be purchased online. Go to www.agesandstages.com. The ASQ Starter kit, which includes manual and scoring sheets, is $275.00. ASQ-SE Starter kit, which includes manual and scoring sheets, is $225.00.

Q8. For the Early ACCESS activity worksheet section described on p. 18: Are photocopies of the forms allowed once the tool is purchased by an agency, or do the forms need to be ordered from the company that sells the tool?

A8. Once the tool is purchased, the scoring forms can be photocopied. Agencies will not have to re-order forms.

Q9. For the Early ACCESS activity worksheet section described on p. 18: Our agency has not done developmental testing since we conducted well child exams using the Denver II several years ago. Do you have any guidance for determining a cost for this service?

A9. Agencies should conduct a three month time study and add the predicted utilization for the service to the agencies annual Cost Analysis due October 2013.

Q10. For the Early ACCESS activity worksheet section described on p. 18: Are we required to share the developmental testing results with the child's primary care provider?

A10. Best practice would be share developmental testing results with the child's primary care provider. It is important for primary care providers to be aware of the needs and services of the child.

Q11. For the Early ACCESS activity worksheet section described on p. 18: Can a CH agency conduct developmental testing in a child care setting?

A11. The ASQ and ASQ-SE tools rely heavily on parent or primary caregiver report. So while an ASQ could be conducted in a child care setting, it might be difficult to complete if the child's parent or primary caregiver is not present to answer the questions.

Q12. For the Early ACCESS activity worksheet section described on p. 18: Can a CH agency conduct developmental testing at WIC when MCH is co-located?

A12. Yes. You will need to be sure that the child's parent or primary caregiver is present in order to accurately complete the tool.

Q13. For the Early ACCESS activity worksheet section described on p. 18: Can a CH agency partner with a local provider and conduct developmental testing on-site, at their office?

A13. Yes. You will need to be sure that the child's parent or primary caregiver is present in order to accurately complete the tool.

Q14. For the Early ACCESS activity worksheet section described on p. 18: If there is a local home visiting program routinely conducting ASQ/ASQ-SE's, can we sub-contract with them for testing?

A14. If a local home visiting program routinely conducts ASQ/ASQ-SE's you can subcontract with them. Children already receiving developmental testing from another provider i.e. home visitation program should not also receive testing from the Title V agency. Please seek technical assistance if your

agency contracts for developmental testing with another home visiting program to assure appropriate billing through your Screening Center provider status.

Q15. For the Early ACCESS activity worksheet section described on p. 18: Can an ASQ/ASQ-SE conducted at a home visit be billed as it would if the child was screened at a clinic? How are we to bill for this service?

A15. Developmental testing, regardless of where conducted, is billed to IME using code G0451 when no other home visiting codes are billed.

However, if you are asking if G0451 can be billed in addition to other home visiting codes, please seek technical assistance from IDPH based upon your agency's individual circumstances.

Also, seek technical assistance if your agency contracts for developmental testing with another home visiting program to assure appropriate billing through your Screening Center provider status.

Q16. For the Early ACCESS activity worksheet section described on p. 18: How should this service be recorded in CAReS?

A16. In CAReS: Under Health Screening Services category, mark "Developmental Test".
Include in CAReS:

1. First and last name of the service provider & credentials if not entering own data.
2. Reference client-based chart for full description of services provided.

In client- based chart: Documentation must adhere to requirements in IAC 441-79.3(2). Include:

- Date of service
- Name/copy of testing tool (fully completed including all components on the summary page)
- Narrative report on the results and interpretation of the results, including referrals and action taken, family feedback, questions and concerns and plan for follow up.
- First name, last name, credentials, signature of service provider.

For more information refer to Medicaid's Screening Center Manual.

After referrals have been made, if applicable, it is important to follow up. Follow up activities on a later date may be billable to IDPH as care coordination.

Q17. For the Early ACCESS activity worksheet section described on p. 18: Since we are an agency that does not currently do developmental testing, can this year's application consist of planning activities such as training, setting up protocols, partnering with Early ACCESS and local medical providers? Or are we required to conduct developmental screening in the first year?

A17. The application can contain planning activities. We anticipate you would be able to conduct developmental testing in the first year.

Q18. For the Early ACCESS activity worksheet section described on p. 18: Could you provide more information about what you expect as far as child find activities that we are to conduct? The Special Conditions for Contract #5885MH document, item CH 11, on page 13 discusses child find activities for Early ACCESS.

A18. Child find activities are activities completed that assist in identifying children who have or are at risk for a developmental delay. Completing ASQ and ASQ-SE testing on children served by your agency is one child find activity. Others are: displaying information about Early ACCESS and typical child development at community events, distributing Early ACCESS brochures and developmental wheels at events or have on display in office, spread awareness of www.earlyaccessiowa.org a website that contains child development information, educate other providers in your community about importance of early identification and provide providers information on Early ACCESS.

Q19. For the Early ACCESS activity worksheet section described on p. 18: The Performance Measures in the activity worksheet discuss the # of tests conducted and the # found not eligible for Early ACCESS by the AEA that were referred to the CH agency for developmental monitoring. Can you provide more information about what you mean by "developmental monitoring?" Do you want us to conduct ASQ/ASQ-SE's at each age interval?

A19. If a child is determined not eligible for Early ACCESS by the AEA then the AEA can refer the child to the Title V agencies for developmental monitoring. This will provide families the option of having someone periodically checking their child's development, since they were found not eligible for Early ACCESS.

Developmental monitoring means an ASQ and ASQ-SE is administered at a minimum according to the EPDST periodicity schedule. However, if testing is completed the results may indicate a need to retest sooner than the periodicity schedule recommends. How often you test a child will depend on the child's results.

The ASQ and ASQ-SE testing tools have many age intervals. You will not conduct a test at each age interval provided by the tool. Instead testing, at minimum, will be according to the EPDST periodicity schedule with additional testing as need based upon prior results.

Q20. For the Early ACCESS activity worksheet section described on p. 18: Can you provide more information about the state-level discussions between IDPH and the AEA's about the developmental testing activities? We are a little concerned that this may cause some friction between our agency and the AEA, or confuse clients about what our role is versus theirs.

A20. IDPH had conversations with the Department of Education (DE), the lead agency for Early ACCESS. It is the DE (who as lead agency) will communicate the change to the AEAs.

AEA's provide development assessment and evaluation to determine if children have a condition or a 25% delay in an area of development which would qualify the child for Early ACCESS. IDPH's role was one of providing service coordination for Early ACCESS and IDPH's role is becoming more of a child find role. Children will be tested by Title V agencies and referred to AEA if testing indicates concern or need for further developmental evaluation. Therefore, we will be assisting AEA's in finding children potentially eligible for Early ACCESS.

For children referred to Early ACCESS and found not eligible Title V agencies can serve as a place where families can come for developmental monitoring, since the child did not qualify for Early ACCESS. This will be an improvement for the system.

Q21. For the Early ACCESS activity worksheet section described on p. 18: Will there be a joint data system between the AEA and CH agencies to record services for a child?

A21. There will not be a joint data system between the AEA and CH agencies.

Q22. For the Early ACCESS activity worksheet section described on p. 18: It appears that we are no longer required to do the Early ACCESS service coordination for children with elevated blood lead levels. If that is the case, how will cases be transitioned and when will the AEA's be notified of this change.

A22. Beginning October 1, 2013 Title V agencies will no longer accept referrals to provide Early ACCESS service coordination to children with venous blood lead levels over 20 ug/dl.

It is anticipated that AEA's will be notified of this change by the end of April or beginning of May. Once the AEA's are notified, IDPH will notify the State Bureau of Lead Poisoning Prevention so that information is communicated to local Childhood Lead Prevention Programs.

Regarding the transition of current Early ACCESS cases, Title V Early ACCESS Service Coordinators should contact Meghan Wolfe at meghan.wolfe@idph.iowa.gov to discuss the transition. Transition will be handled on a case by case basis. For example, if the child is close to exiting Early ACCESS (close to 3 years old), then Title V will continue to serve the child until they exit. This will be best for the child and family. All other children we will work to transition as we near October 2013.

Q23. For the Early ACCESS activity worksheet section described on p. 18: Can we get Medicaid paid claims data for our counties for the developmental testing procedure code to use as a baseline?

A23. IDPH asks Medicaid for paid claims data one time a year. Therefore IDPH can supply Title V agencies with their data over a three year period (FFY2010, FFY 2011, and FFY 2012).

Q24. If we have CH activities that address more than one measure (such as immunizations, lead testing, and well-child exams), do we need to list the same activity in each section or is putting it in one section (such as immunizations) adequate?

A24. We strongly recommend copying and pasting any activities that apply jointly to immunizations, lead testing, and assuring well child exams under ***each*** measure's set of activities. This assures that the reviewer will understand the full scope of the agency's plan for each individual program area.