

Bulletin

August 1, 2008

Minnesota Department of Human Services, P.O. Box 64986, St. Paul, MN 55164-0986

OF INTEREST TO

- County Community Health Boards (CHBs)
- Tribal Governments (Tribes)
- County Public Health Directors
- Child and Teen Checkups Coordinators

ACTION/DUE DATE

Please read and comply with instructions by September 15, 2008

EXPIRATION DATE

This bulletin is ineffective as of August 1, 2010.

2008-2009 Contract requirements for Child and Teen Checkups (C&TC) administrative services are due September 15, 2008

TOPIC

2008 –2009 C&TC Administrative Services Contract Requirements.

PURPOSE

Notify CHBs, tribal governments and local public health agencies of the 2008-2009 C&TC contract requirements and process for calendar year (CY) 2009.

CONTACT

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SIGNED

BRIAN J. OSBERG
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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) and MinnesotaCare enrolled children receive comprehensive health care.

IMPORTANT CHANGES FOR CY 2009

- ✓ **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. (See "Billing Information for C&TC Administrative Services" page 6.)
- ✓ **Contract Budget:** Contractors that do not contract 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.
- ✓ **Subcontracting/Consultant Costs Information Form:** Contractors who, for the first time, 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 that would otherwise not be provided, are required to complete and submit Appendix C to complete the CY 2009 contract process.

GENERAL INFORMATION

- CHBs (both single and multi-county) and tribes are also referred to as "contractors" throughout this bulletin.
- For the 2009 contract time period, multi-county CHB contractors should submit required materials as a CHB, not as individual counties. This includes budgets, contractor information, work plans (if revised) 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 web site and attachments are available electronically to contractors via email.
- Required 2009 contract materials should be submitted electronically to DHS for review 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 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, whichever is less, within budget line items for **approved** activities (included in initial contract work plan) without DHS approval. Budget revisions in excess of \$10,000 require approval and the submission of a revised budget to DHS.
- All equipment purchases 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.

RESPONSIBILITIES

Contractors will provide the following C&TC administrative services:

1. Provide C&TC administrative services to children, birth to age 21, enrolled in MA and MinnesotaCare for whom the CHB or tribe is contractually responsible. Determination of contractor responsibility is based on county of financial responsibility (CFR) for MA enrollees and County of Residence (COR) for MinnesotaCare enrollees residing within each CHB's county(ies) or tribe's contract health service delivery area (CHSDA).
2. Comply with program policies, procedures and directives as identified in DHS C&TC Program communications such as C&TC Coordinator Update Memos, the revised C&TC Coordinator Handbook (when available) 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 3.1 to the extent possible. Document by other means as necessary.
5. Document all activities completed to increase C&TC screening services participation ratios.
6. Determine and document in CATCH 3.1 the willingness of eligible families and children to participate in the C&TC Program.
7. Demonstrate and document in CATCH 3.1 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 3.1 software 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 emails.
10. Provide CATCH training for new C&TC Coordinators and staff by those previously trained by DHS in addition to having new C&TC staff attend any available CATCH training offered by DHS.

11. Comply with the C&TC 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 in DHS bulletin #07-15-01) and revisions approved by DHS.
13. Comply with the terms of the finalized contract. (Appendix C.1, C.2 for CHBs and Appendix D for tribes in DHS bulletin #07-15-01.)
14. Comply with all C&TC Program administrative and annual reporting requirements and revisions as identified in DHS bulletin #07-15-01 and its Appendices A through H.9.
15. Seek required DHS 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 the DHS at the conclusion of the project time frame.
17. Seek required DHS approval to add and/or remove activities from approved work plan.
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 will be sent electronically to contractors.

All contractors should complete and submit the following attachments electronically, unless otherwise directed, by September 15, 2008 to: judy.ekern@state.mn.us

1. **The 2008-2009 (C&TC) Administrative Services Budget Worksheet, Attachment 1, pages 1 and 2:**
 - One 2009 Budget Worksheet should be submitted electronically by **September 15, 2008** by each contractor for DHS review and approval. Use the attached Budget Worksheet and attachments. No other versions will be accepted. The DHS approved Budget Worksheet will be incorporated and made part of the CY 2009 C&TC contract. To complete the budget worksheet for CY 2009, contractors should use the appropriate Appendix, A or A-1, for Estimated Eligible MA and MinnesotaCare Children Under Age 21, to determine the available amount for contract year two.
 - C&TC Administrative Services budgets for CY 2009 should be determined using Appendices A or A-1. 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.
 - DHS will approve the budget electronically. The approved budget will require an authorized signature from the Contractor once it is approved. Three (3) signed original copies should be mailed to DHS no later than November 30, 2008. DHS will sign the budgets and one original signed copy will be returned to the contractor.
2. **The 2008-2009 C&TC Administrative Services Work Plan, Attachment 2.1 – 2.5**
 - If the C&TC Work Plan methods to complete the required activities will change for CY 2009, contractors must update their current work plan (Attachments 2.1 – 2.5) and submit the revised plan electronically for review by **September 15, 2008**.

- All changes should be identified **in red font color**.
- One revised 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.
- Revised work plans, if any, will be reviewed, approved and incorporated and made part of the contract.
- If no changes are needed to the CY 2008 C&TC work plan, do not submit a work plan for CY 2009. The work plan approved for CY 2008 will remain current for CY 2009.
- Contractor activities identified in the work plans should be reviewed periodically throughout the contract period and updated as needed. Submit updates to work plan activity in red font to DHS for approval.

3. **Contractor Information, Appendix B:**

- For CY 2009, all contractors **must submit a new revised Contractor Information, Appendix B** listing their agency's 10-digit NPI/UMPI number by **September 15, 2008**.
- Please review Appendix B in your current contract to verify that all information is correct. It is especially important for successful communications throughout the year for DHS to have the correct contact information for the contract authorized representative.

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".
- An agency considering this as a new option for CY 2009 will need to complete and submit **Appendix C – "C&TC Administrative Services Subcontracting/Consulting Costs Information Form"** to complete the CY 2009 contract process.
- C&TC contractors not planning on subcontracting for services as a new activity this year **do not** have to complete Appendix C.
- Contractors, who have completed the CY 2008 Subcontracting Information Form as part of the CY 2008 contract process, **do not** have to complete Appendix C for CY 2009, **unless** there is a significant change, e.g., subcontractor change or change in services provided. If revisions to the CY 2008 Subcontracting/Consulting Information Form are necessary, either complete Appendix C or make revisions to the current CY 2008 Subcontracting/Consulting Information Form in red font and submit the appropriate form by **September 15, 2008**. (Any change in cost of the subcontract amount will be captured in the CY 2009 budget proposal).
- For CY 2009, a 10-digit NPI or UMPI number is required to bill for C&TC administrative services. Please submit a new Appendix B with your agency's 10-digit NPI or UMPI number in place of the 9-digit Provider Identification number by September 15, 2008. 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.

- The NPI or UMPI number will be incorporated and made part of the contract.

The budgets for 2009 and other submitted materials 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 2009 budgets and any revised C&TC work plans or other applicable materials are approved.

Three (3) original signed copies of the budget and any other applicable materials must be mailed to DHS and received no later than November 30, 2008. Please mail to:

**C&TC Coordinator
Minnesota Department of Human Services
PO Box 64986
St. Paul, MN 55164-0986**

When the 3 copies of the budget have been signed by the contractor and DHS, one original signed copy 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 2009 budget and a revised Attachment B (Contractor Information page) with an NPI/UMPI number for billing C&TC administrative services. Contractors will be notified in writing, accompanied by a signed budget, by the state authorized representative when to begin work. **Budgets not approved and signed by December 31, 2008 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.
- 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 UMPI 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 Ramona Brady immediately by email at: ramona.brady@state.mn.us or by telephone at: **651-431-2621**.
- All claims for C&TC administrative services should be submitted to DHS electronically through MN-ITS or on the CMS-1500 claim form. **Note: By July 15, 2009, electronic submission of all Minnesota-based health care claims will be required (HF1078-Uniform Electronic Transaction and Implementation Guide Standards).** 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.
- 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 Ramona Brady.

ANNUAL REPORTING REQUIREMENTS

Required Annual Reports for CY 2008:

1. 2008 Administrative Services Statistics Report, Appendix E
2. 2008 Provider Outreach Activity Report, Appendix F
3. 2008 Administrative Services Annual Expenditure Report, Appendix G
4. 2008 Outcomes/Indicators Annual Report, Appendices H.1 through H.9
5. 2008 CATCH Outreach Activity Summary Report(s).
6. 2008 CHB/Tribe Narrative Report

All required annual reports for CY 2008 are due no later than May 30, 2009. These reports will provide important statistics to DHS and assist contractors with program monitoring and future planning. Electronic copies of the required 2008 report documents will be sent to CHBs/tribes in 2009. Please read all report instructions carefully before completing. **Please do not send this data now.**

LEGAL AUTHORITY

Section 1902 (a) (43), S 1905 (a)(4)(B) and S 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.

APPENDICES/ATTACHMENTS FOR 2009 C&TC ADMINISTRATIVE SERVICES CONTRACTS

Appendices:

Appendix A:	2009 Estimated Eligible MA and MinnesotaCare Children Under Age 21 by County and Tribe
Appendix A-1:	2009 Estimated Eligible MA and MinnesotaCare Children Under Age 21 by CHB
Appendix B:	2009 Administrative Contract, Contractor Information
Appendix C:	2009 C&TC Administrative Services Subcontracting/Consulting Costs Information form

Attachments:

Attachment 1: 2009 Child and Teen Checkups (C&TC) Administrative Services Budget Worksheet (pages 1 and 2)

Attachment 2.1- 2.5: If revisions are necessary, a revised 2009 Child and Teen Checkups (C&TC) Administrative Services Work Plan in one Word file. Contractors may choose to use the current “landscape” format or the new “portrait” format for 2009. In 2010, using the new portrait format will be required.

SPECIAL NEEDS

This information is available in other forms to persons with disabilities by contacting us at (651)-431-2629 (voice) or toll free at (800) 657-3756.

TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the speech-to-speech relay, call (877) 627-3848.

**Child and Teen Checkups, 2009 Estimated Eligible MA and MinnesotaCare
Children Under Age 21, by County & Tribe (Based on CY 2007 CMS -416 data)**

#	County - Reservation	Number of Eligible	#	County - Reservation	Number of Eligible
1	Aitkin	1,730	47	Meeker	1,960
2	Anoka	24,123	48	Mille Lacs	2,865
3	Becker	3,366	49	Morrison	3,078
4	Beltrami	4,768	50	Mower	4,305
5	Benton	3,076	51	Murray	680
6	Big Stone	478	52	Nicollet	2,217
7	Blue Earth	4,267	53	Nobles	2,829
8	Brown	1,760	54	Norman	829
9	Carlton	2,463	55	Olmsted	10,374
10	Carver	3,138	56	Otter Tail	5,120
11	Cass	3,048	57	Pennington	1,223
12	Chippewa	1,267	58	Pine	3,150
13	Chisago	3,566	59	Pipestone	968
14	Clay	4,930	60	Polk	3,232
15	Clearwater	1,033	61	Pope	952
16	Cook	270	62	Ramsey	58,514
17	Cottonwood	1,265	63	Red Lake	445
18	Crow Wing	5,867	64	Redwood	1,640
19	Dakota	21,972	65	Renville	1,752
20	Dodge	1,359	66	Rice	4,320
21	Douglas	2,893	67	Rock	829
22	Faribault	1,388	68	Roseau	918
23	Fillmore	1,580	69	St. Louis	15,880
24	Freeborn	2,782	70	Scott	5,938
25	Goodhue	2,802	71	Sherburne	5,630
26	Grant	632	72	Sibley	1,440
27	Hennepin	97,577	73	Stearns	10,592
28	Houston	1,329	74	Steele	3,432
29	Hubbard	2,149	75	Stevens	512
30	Isanti	3,229	76	Swift	938
31	Itasca	4,514	77	Todd	2,904
32	Jackson	882	78	Traverse	405
33	Kanabec	1,915	79	Wabasha	1,405
34	Kandiyohi	5,172	80	Wadena	1,998
35	Kittson	389	81	Waseca	1,733
36	Koochiching	1,301	82	Washington	9,999
37	Lac Qui Parle	630	83	Watonwan	1,159
38	Lake	845	84	Wilkin	656
39	Lake of the Woods	380	85	Winona	3,113
40	Le Sueur	2,086	86	Wright	6,974
41	Lincoln	466	87	Yellow Medicine	979
42	Lyon	2,249	102	Red Lake	2,272
43	McLeod	2,760	103	White Earth	1,665
44	Mahnomen	594	104	Leech Lake	2,279
45	Marshall	835	106	Fond du Lac	1,492
46	Martin	2,201	TOTAL		432,921

**Child and Teen Checkups, 2009 Estimated Eligible MA and MinnesotaCare
Children Under Age 21, by CHB (Based on CY 2007 CMS-416 data)**

#	Community Health Board	Number of Eligible
1	Aitkin-Itasca-Koochiching-Community Health Board	7,545
2	Anoka County Community Health & Environmental Services	24,123
3	Becker County Community Health Board	3,366
4	Benton County Community Health Board	3,076
5	Blue Earth Community Health Board	4,267
6	Brown-Nicollet Community Health Board	3,977
7	Carlton-Cook-Lake-St. Louis Community Health Board	19,458
8	Carver County Community Health Services	3,138
9	Cass County Health, Human and Veterans Services	3,048
10	Chisago County Public Health Department	3,566
11	Clay-Wilkin Community Health Services	5,586
12	Cottonwood-Jackson Community Health Services	2,147
13	Countryside Public Health Services (Big Stone, Chippewa, Lac Qui Parle, Swift, Yellow Medicine)	4,292
14	Crow Wing County Public Health Department	5,867
15	Dakota County Public Health Department	21,972
16	Dodge-Steele Community Health Services	4,791
17	Douglas County Public Health	2,893
18	Fillmore-Houston Community Health Board	2,909
19	Freeborn County Community Health Board	2,782
20	Goodhue County Public Health Services	2,802
21	Hennepin County Community Health Department	97,577
22	Human Services of Faribault and Martin Counties	3,589
23	Isanti-Mille Lacs Community Health Board	6,094
24	Kanabec-Pine Community Health Services	5,065
25	Kandiyohi County Public Health	5,172
26	Le Sueur-Waseca Community Health Board	3,819
27	Lincoln-Lyon-Murray-Pipestone Public Health Services	4,363
28	Meeker-McLeod-Sibley Community Health Services	6,160
29	Mid-State Community Health Services (Grant, Pope, Stevens, Traverse)	2,501
30	Morrison-Todd-Wadena- Community Health Board	7,980
31	Mower County Public Health	4,305
32	Multi-County Board of Health-Mahnomen and Norman	1,423
33	Nobles-Rock Public Health Services	3,658
34	North Country Community Health Services (Beltrami, Clearwater, Hubbard, Lake of the Woods)	8,330
35	Olmsted County Public Health Services	10,374
36	Otter Tail County Public Health	5,120
37	Polk County Public Health	3,232
38	QUIN County Community Health Services (Kittson, Marshall, Pennington, Red Lake, Roseau)	3,810
39	Ramsey County Department of Health	58,514
40	Redwood-Renville Community Health Board	3,392
41	Rice County Community Health Services	4,320
42	Scott County Human Services	5,938
43	Sherburne County Public Health	5,630
44	Stearns County Department of Human Services	10,592
45	Wabasha County Public Health	1,405
46	Washington County Public Health and Environment	9,999
47	Watonwan County Human Services	1,159
48	Winona County Community Health Board	3,113
49	Wright County Human Services Board	6,974
TOTAL		425,213

**Minnesota Department of Human Services
2008-2009 Child & Teen Checkups (C&TC) Administrative Services Contract**

Contractor Information

Please complete information below that will be used to complete a contract.

Contractor Name and Address: _____

City State Zip Code

Check One: _____ County Government Entity _____ Non-profit Organization

Social Security or Federal Employer I.D. No.: _____

Minnesota Tax I.D. No. (If Applicable): _____

C&TC Contract Authorized Representative: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Data Privacy & Security Responsible Authority (name of person): _____

Counties participating in the CHB (If applicable): _____

National Provider Identifier (NPI) number OR Unique Minnesota Provider Identifier (UMPI) number which will be used when submitting claims for 2008-2009 C&TC Administrative Services expenses: _____

Claims will be submitted: _____ Monthly _____ Quarterly _____ Other (specify): _____

Fiscal Agent (Entity) for the Contract (if applicable): _____

All proposed changes to the Contractor's Duties and/or other sections of the Child & Teen Checkups Administrative Services Contract MUST be described on a separate page(s) and submitted with the Contractor Information page for DHS approval.

**2009 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 and 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 this amount calculated?

10. Please discuss below 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 or MinnesotaCare?

Child and Teen Checkups (C&TC) Administrative Services

Annual Budget Worksheet

Budget Year (check one): 2008 _____ 2009: X

Submit one budget for CHB/RESERVATION

Name of CHB/RESERVATION: _____

Estimated Number of CHB/RESERVATION C&TC Eligible Children _____ (From Appendix A or Appendix A-1)

A. COMPENSATION COSTS

1. DIRECT STAFFING COSTS: List each position separately. Attach additional sheets, if necessary.					
Position	Annual C&TC Hours	Full-Time Equivalent (FTE)	Salary & Wages	Fringe Benefits	Total Salary/Wages & Fringe Benefits
Supervisor					
Outreach staff					
Clerk: Support Staff					
TOTALS					

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. Use a separate page if necessary.)	
TOTAL EQUIPMENT	

3. OTHER DIRECT COSTS	
Office Supplies	
Printing	
Postage	
Telephone	
Office space (rent)	
DHS/MDH training conferences/workshops/meetings fees (Plan for 1 DHS regional C&TC coordinator meetings @ \$30 per person and 1 Screening in Early Childhood regional workshop at \$50 per person. MDH C&TC screening trainings range from \$600/ 2½ day to \$12 per contact hour for ad hoc/updates. Do not include training costs for PHNs not performing C&TC screening services).	
C&TC program outreach supplies (Please attach description of program outreach supplies. Use a separate page if necessary.)	
Other (publications, advertisement costs, etc.) (Please attach description of publications, advertisements costs, etc.)	
TOTAL OTHER DIRECT COSTS	

Child and Teen Checkups (C&TC) Administrative Services Budget Worksheet

4. SUBCONTRACTS/CONSULTANTS COSTS

(If this is the initial request for subcontracts/consulting costs, please complete Appendix C. If you have completed Appendix C for the 2008 contract, and there have been changes to those activities, either submit a revised Appendix C. or if using the original form completed in 2008, make revisions in red font. If you have completed this form for 2008 and there are no changes to those activities, do not submit Appendix C. The 2008 information will remain current for CY 2009.)

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.

TOTAL INDIRECT COSTS

6. TOTAL COMPENSATION COST – (Sum of A1 through A5)

B. TRAVEL COSTS

TRAVEL: Reimbursement for **C&TC staff** travel to perform required C&TC administrative service **only**. Health care access is not covered under this contract.

1. Mileage: _____ miles at _____ cents per mile (Commissioner's rate or CHB/RESERVATION rate, whichever is less). As of the date of this Bulletin, the mileage reimbursement rate is 58.5 cents per mile.

2. DHS/MDH C&TC designated training conferences/workshops/meetings.
(Mileage, lodging, meals, per diem to attend conferences/workshops/meetings)

TOTAL TRAVEL (sum of B1 and B2)

C. TOTAL BUDGET REQUEST

(Sum of A and B) (Round to the nearest dollar)

D. C&TC SERVICES COST PER CHILD

Divide Total Budget (line C) by the Number of Eligible Children (From Appendix A or Appendix A-1).
(Not to exceed \$25.00 per eligible child)

IN WITNESS WHEREOF, CHB/RESERVATION and STATE have mutually agreed with this Budget Worksheet.

For CHB/RESERVATION:

Signature

Date

For STATE:

Signature

Date

**Child and Teen Checkups (C&TC)
2008 -2009 Administrative Services Work Plan**

OBJECTIVE 1: Inform families and/or children under 21 who are enrolled in Medical Assistance (MA) or MinnesotaCare about the C&TC Program.

Federal/State Requirements: Information about the C&TC Program must be provided to enrolled children under age 21 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 and scheduling assistance is available, etc.

Establish ways 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/RESERVATION Name: _____

CHB/RESERVATION C&TC Participation Rate for 2006: _____ %

Work Plan for (check one):

2008: _____ Make revisions in red.

2009: _____ Check year if Attachment 2.1 is revised for 2nd year of contract.
Make revisions in red.

Name of C&TC Program Coordinator(s):

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/RESERVATION must know who the eligible population is to do outreach and follow-up)	
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 7 th grade reading level in all written communication.	
3. Foster care families/children should be informed through the person accepting the cash assistance, e.g., foster care parents, foster care, responsible social workers. At least annually, inform foster care homes/institutions, appropriate social workers of C&TC Program services available to foster care children.	
4. Provide effective means to inform those eligible families/children who are blind, deaf or who cannot read or understand the English language.	

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Required Activities	Describe the methods used to complete these required activities.
<p>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 download 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.)</p>	
<p>6. Maintain dated documentation of families/children who are informed by written, oral, and/or face-to-face, methods about C&TC Program.</p>	
<p>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.</p>	
<p>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 and encourage staff in ways to assist in the informing of eligible families/children.</p>	
<p>9. Other activities provided to meet this objective:</p>	

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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/RESERVATION Name: _____

Work Plan for (check one):

2008: ____ Make revisions in red.

2009: ____ Check year if Attachment 2.2 is revised for 2nd 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.	
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 report monthly. Keep dated documentation.	
8. Other activities provided to meet this objective:	

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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/RESERVATION Name: _____

Work Plan for (check one):

2008: ____ Make revisions in red.

2009: ____ Check year if Attachment 2.3 is revised for 2nd 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:	

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OBJECTIVE 4: To coordinate C&TC services with related programs.

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.

CHB/RESERVATION Name: _____

Work Plan for (check one):

2008: ____ Make revisions in red.

2009: ____ Check year if Attachment 2.4 is revised for 2nd year of contract. Make revisions in red.

Guidelines: Please read requirement above. (1) coordination efforts should contain costs, improve service delivery overlap, cut duplication 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

Agency:

Describe collaborative, community activities

1. Refer appropriate C&TC enrollees to WIC for determination of possible eligibility and appropriate WIC clients to C&TC. This is required.

2. Head Start

3. Immunization Registries, etc.

4. Public Schools (e.g. Early Childhood Screening {ECS})

5. MCH Programs

6. Other (Housing Programs, Information and Referral Services, Health Related Services, Daycare, Support Services [e.g. transportation, health education, counseling], collaborative activities, health fairs, etc.)

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OBJECTIVE 5: Recruit and train local providers about the C&TC Program.

Federal/State Requirement: 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 and MinnesotaCare 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 (STATE), 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.

CHB/RESERVATION Name: _____	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. STATE and MDH staff is available to train local providers on C&TC components and billing.	Number of estimated MA and MinnesotaCare Eligible Children in Community Health Board (CHB)/RESERVATION (from Appendix A or A-1). *Please see note under Guideline. 2006: _____ 2007: _____
Work Plan for (check one): 2008: ____ Make revisions in red. 2009: ____ Check year if Attachment 2.5 is revised for 2 nd year of contract. Make revisions in red.	*Note: In third column: For contract year 2008, complete 2006 column. For contract year 2009, complete 2006 and 2007 columns.	Current # of C&TC Providers – (# clinics and satellites within CHB border or RESERVATION Contract Health Services Delivery Area (CHSDA). 2006: _____ 2007: _____ Current # C&TC clinics, within CHB border or RESERVATION CHSDA, offering C&TC services to new (as well as existing) MA/MinnesotaCare enrollees. 2006: _____ 2007: _____ Current # of Dental Providers – (# clinics within CHB border or RESERVATION CHSDA) 2006: _____ 2007: _____ Current # of dental providers, within CHB border or RESERVATION CHSDA, currently offering services to new (as well as existing) MA/MinnesotaCare enrollees. 2006: _____ 2007: _____

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Required Activities	Describe the methods used to complete these activities.
1. Contact local providers, at least annually and as often as necessary, to provide information about the C&TC Program. 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.	
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.	
3. Identify C&TC provider training needs and coordinate training with STATE, 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.	
4. Distribute the C&TC Provider Guide as needed and as updated guides are available. CHB/RESERVATION is responsible for contacting their providers at least annually to determine the providers' preference of use between a hard copy, Compact Disk (CD) and the C&TC web format. Provide either the hard copy, CD or the appropriate web link to each provider per stated preference. For providers needing additional hard copies or CDs of the guide, coordinate with local health plan representatives to provide extra copies.	
5. Act as a referral source for C&TC provider billing issues, e.g., refers 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.	
5. Maintain current C&TC medical and dental provider lists. These lists should be updated as needed or at least twice annually.	
6. Other activities provided to meet this objective:	