

**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 2<sup>nd</sup> 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 <sup>th</sup> 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&amp;TC, determine if their response is “yes”, “no” or “undecided” about accepting C&amp;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 <b>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.</b> Families/children declining C&amp;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&amp;TC Program.</p>	
<p>7. Remind eligible families/children, in writing, orally and/or face-to-face, when their next C&amp;TC screening is due, according to the current periodicity schedule. Utilize C&amp;TC Parent Checklists. Maintain dated documentation of all reminder activities.</p>	
<p>8. Conduct periodic in-service training about the C&amp;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 2<sup>nd</sup> 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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<b>Required activities</b>	<b>Describe the methods used to complete this activity.</b>
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 2<sup>nd</sup> year of contract. Make revisions in red.

<b>Required activities</b>	<b>Describe the methods used to complete these required activities.</b>
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 2<sup>nd</sup> 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.

<p><b>CHB/RESERVATION Name:</b> _____</p> <p><b>Work Plan for (check one):</b></p> <p><b>2008:</b> ____ Make revisions in red.</p> <p><b>2009:</b> ____ Check year if Attachment 2.5 is revised for 2<sup>nd</sup> year of contract. Make revisions in red.</p>	<p><b>Guideline:</b> C&amp;TC Administrative Services agencies are required to identify and provide information and technical assistance to all C&amp;TC providers available to families/children. C&amp;TC Administrative Services agencies may provide training on C&amp;TC Program requirements. STATE and MDH staff is available to train local providers on C&amp;TC components and billing.</p> <p><b>*Note:</b> In third column: For contract year 2008, complete 2006 column. For contract year 2009, complete 2006 and 2007 columns.</p>	<p><b>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.</b> <b>2006:</b> _____ <b>2007:</b> _____</p> <p><b>Current # of C&amp;TC Providers – (# clinics and satellites within CHB border or RESERVATION Contract Health Services Delivery Area (CHSDA).</b> <b>2006:</b> _____ <b>2007:</b> _____</p> <p><b>Current # C&amp;TC clinics, within CHB border or RESERVATION CHSDA, offering C&amp;TC services to new (as well as existing) MA/MinnesotaCare enrollees.</b> <b>2006:</b> _____ <b>2007:</b> _____</p> <p><b>Current # of Dental Providers – (# clinics within CHB border or RESERVATION CHSDA)</b> <b>2006:</b> _____ <b>2007:</b> _____</p> <p><b>Current # of dental providers, within CHB border or RESERVATION CHSDA, currently offering services to new (as well as existing) MA/MinnesotaCare enrollees.</b> <b>2006:</b> _____ <b>2007:</b> _____</p>
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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 <b>Department of Human Services Provider Call Center at: ( 651) 431-2700 or 1-800-366-5411.</b>	
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:	