Frequently Asked Questions – Changes to FHV Reporting Effective 10/1/2016

Updated 27 September 2016

Changes to reporting for MIECHV Grantees

1. **Question: How many different ways will MIECHV sites be submitting data to MDH after October 1st?**

   A. There will be a total of four (4) types of required data submissions for MIECHV programs:
      
      i. Quarterly: submit files exported from the MDH MIECHV forms application (or equivalent if your site opts to send MDH a text file with this data)
      
      ii. Quarterly: submit text files exported from LPH data systems, containing visit dates, and data for Behavioral Concerns and Child Injury measures
      
      iii. Annually: submit aggregate number of children served by MIECHV who were involved in investigated (screened-in) child maltreatment cases
      
      iv. Quarterly: MIECHV Quarterly Data Collection Form – unchanged from current requirement; includes Program Capacity, Family Engagement, Staff Recruitment and Retention data

   B. Requirements for sites that are implementing only the NFP model for MIECHV:
      
      i. Complete forms in NFP-ETO as required by model
      
      ii. Complete the following MN Supplemental Forms in NFP-ETO: MN Primary Caregiver Intake and MN Child Intake (Assessment Date, Section A and Demographics – see “MN NFP Supplemental Forms Screenshots” for a visual)
      
      iii. Annually: submit aggregate number of children served by MIECHV who were involved in investigated (screened-in) child maltreatment cases
      
      iv. Quarterly: MIECHV Quarterly Data Collection Form – unchanged from current requirement; includes Program Capacity, Family Engagement, Staff Recruitment and Retention data

2. **Question: What happens to the FHV forms in PH-Doc or Nightingale Notes for submitting data to FHVRES?**

   A. If your MIECHV site chooses to use the new MIECHV Forms Packet for all FHV clients (including non-MIECHV), then you will not be submitting any data to FHVRES. Consult with your supervisor and/or your LPH data system contact about what do to, or not do, with the FHV forms in your data system.
3. **Question:** If we are not a MIECHV-funded FHV site, these changes don’t apply to us, correct?

   A. **Correct** – the new MIECHV Forms Packet and these data collection changes only apply to MIECHV-funded sites.

4. **Question:** When will we receive more information about the MDH MIECHV Forms Application (Java application)? Our IT department needs to know what access staff need in order to enter data into the form.

   A. The release of the MDH MIECHV Forms Application has been delayed until the week of October 17th. We will be postponing the training webinars to October 19 and 20; please see Tuesday Topics dated September 27 for more information.

   B. The forms application is a stand-alone Java application that will be distributed as an executable file by MN.IT Services at MDH (state agency IT). It can be run on any computer that has Java version 8 or higher installed.

   C. We will distribute a user guide with the forms application that will have information on system requirements, installation instructions, and recommended setup. Please contact us if you need more information or need state IT staff to communicate with your site’s IT staff.

5. **Question:** What do we do if we have MIECHV clients who enrolled before October 1st, 2016? What forms do we need to fill out, since we completed the old intake forms for these clients?

   A. The Caregiver and Child Intake Forms will need to be submitted for these clients, with selected questions completed. Please refer to the MIECHV Forms Guidance, page 4 “Forms and questions required for continuing families” as well as Appendix B, “Caregiver and Child Intake Questions Required for Continuing Families.” The tables in the Appendix describe which questions to complete.

6. **Question:** Inactive clients – if a family is inactive or in creative re-engagement for the entire time when the form is due, do we complete the form up to question 5 (“Is the family actively participating in home visiting as of the form date?”)? In the past, our agency has not completed the form if the family was not active during any time when we could do the form and just went on to the next interval form if the client re-engaged and it was the appropriate time.

   A. If the client is inactive during the timeframe that the form is due to be completed (within one month of the date that the child reaches the age indicated on the form), please complete the first 7 (seven) questions, including the site, form date, Caregiver ID, Child ID, and response to the family engagement status question (Question 5).

   B. If the client subsequently becomes re-engaged in home visiting, complete and submit the next child age interval form when the child reaches the appropriate age.

   C. Note: if you are using the MDH MIECHV Forms Application, the Caregiver ID and Child ID will already be populated from what was entered into the Caregiver and Child Intake forms.
Questions on specific forms or data elements

Caregiver Intake Form

7. Question: When completing new intake forms for continuing clients, if a client has already been open for 3 years, do we fill out these forms as if filling out 3 years ago, or complete the forms with current information?

   A. fill out consent according to current status (as of the date that you are completing the intake forms)

   B. Date of 1st visit: this should match what was previously reported to MDH, since we use this to identify a particular set (caregiver-child dyad)

   C. Also refer to page 4 of Forms Guidance, and appendix table of data elements to report on intakes for continuing clients. In general, report this information as of the current date or status, rather than the original intake date. For example – history of substance abuse information.

8. Question: Our program does the informed consent form with clients annually - what if the client’s level of informed consent to share data with MDH changes?

   A. Change the level of informed consent to share data with MDH on the Caregiver Intake form in the MDH MIECHV Forms application. This new level of informed consent will apply to future data submissions, and the forms application will apply the correct filters.

9. Question: Are you only collecting the Funding Source/Grant information at the beginning of services? What happens if the funding source or TANF eligibility changes over time?

   A. Yes, the Funding Source (Grant) question is only on the Caregiver Intake form. We’re collecting this information primarily to allow us to categorize FHV clients by Grant for evaluation purposes. We are not trying to collect a comprehensive list all funding sources that go into serving a given client over time.

10. Question: Some of the families we serve using MIECHV funds are eligible for TANF-funded home visiting as well. Is this question asking about the actual funding source used or would we check both boxes if a family is MIECHV but is eligible for TANF but not currently being served by TANF funds?

    A. “TANF” should be checked if they are TANF-eligible, even if they are not currently being served by TANF home visiting funds.

    B. “MIECHV Formula” or “MIECHV Expansion” should only be checked if they meet the MIECHV client definitions; please contact the FHV Evaluation Unit if you have questions about the MIECHV client definition.

11. Question: Is the caregiver ID in the MIECHV Forms Packet/MIECHV Forms Application the same as the client number listed in Nightingale Notes?

    A. It is important that you use the same Caregiver ID number in the MDH MIECHV Forms Application that is used for reporting the visit date, Behavioral Concerns, and Child Injury data to MDH. The Caregiver and Child ID numbers will be used to link data across
types of data submissions. For continuing clients, the Caregiver ID number should also be the same number that was submitted to FHVRES for that client. Contact your LPH data system vendor for more assistance on the correct ID or client number to use.

B. Note that in the MIECHV Forms Application, the Caregiver ID and Child ID fields should be filled in the Caregiver Intake and Child Intake forms respectively, and they will self-fill on the subsequent forms.

Child Intake Form

12. Question: The HFA standards only require collection of gestational age at birth if the child is born premature. Do we need to report gestational age at birth for all children?

A. Yes, please report gestational age at birth for all children, not just preterm births. It is required for the MIECHV Performance Measure for Preterm Birth, and having this data would be useful for FHV program evaluation.

Developmental Screening and Referrals

13. Question: Our agency currently participates in the Follow-Along-Program which includes an 8 month ASQ. Just to clarify, we could continue to administer the 8 month ASQ to meet the 9 month ASQ requirement as long as the screen was done in the 30 days after the actual 8 month ASQ date, correct?

A. Correct - to satisfy the MIECHV requirement, you could use the 8 month ASQ-3 questionnaire for children between 8 months 0 days and 8 months 30 days of age (assuming no adjustments in age for prematurity).

14. Question: Also in the Follow-Along Program, we screen at 16 and 20 months - will we now need to screen at 18 months instead of one of those intervals, or what are you advising agencies to do?

A. To satisfy the MIECHV requirement, children will need to have a developmental screening performed between 17 months 0 days through 19 months 30 days. Therefore, you may need to use the 18 month ASQ-3 questionnaire (depending on whether the child needs adjustment to age for prematurity).

15. Question: On the ASQ question: “Was the child screened for developmental delays using the ASQ-3 at __ age,” one of the response options is “Child being served by Early Intervention for developmental delays.” If that is the case, it says to skip to the question which says “Indicate which of the following developmental referrals were offered (check all that apply).” If the child is already in Early Intervention, we may not be offering any developmental referrals because it has already taken place. Do we just leave that question blank or how do we answer that?

A. If no referral is made, leave the question about developmental referrals blank. We will know based on the response to the developmental screening question that this child is already being served by EI, and will take that into account when we calculate the measure for MIECHV.
16. Question: For referrals to Early Intervention (EI) – what if the EI assessment or completion of referral has not yet happened when we need to submit the form?

A. The developmental referral and completion of referral questions only occur on the 9 month, 18 month, and 24 month forms, to align with the developmental screening time points. If the completion of a referral (initial date of service) has not yet happened by the time the form needs to be submitted, please submit the form without the initial date of service, and then re-submit the 9, 18, or 24 month form at a later date when the initial date of service is filled in. Please also make sure the date of referral is completed when the form is first submitted.

B. Note that this procedure is different from reporting completion of referrals for depression-related services. If a caregiver receives services for treatment of depression as a result of a referral to services, this can be reported on the next child age interval form you submit.

Health Insurance Coverage

17. Question: Regarding the reporting of whether the caregiver had a break in health insurance coverage – if during the past 6 months the caregiver didn’t have insurance coverage because they did not get their paperwork in on time, but later received retroactive insurance coverage for that time period (for example, retroactive enrollment in Medical Assistance), how should that question be answered? Does this count as continuous health insurance coverage?

A. If the caregiver was retroactively enrolled in health insurance, such as Medical Assistance, such that they were covered for every month of the time period in question, then the question “Has there been any time in the past 6 months when the caregiver did not have insurance coverage?” should be answered “No” to indicate that there was no break in coverage.

B. If the caregiver or the home visitor is unsure about whether the client was covered by insurance every month of the time period, then you may select “Client does not know/not sure.” This might occur when the caregiver has recently submitted their renewal paperwork and is waiting for a response on insurance enrollment.

C. We realize that because of retroactive coverage or enrollment, the health insurance coverage status information we collect may not be completely accurate. Please do the best that you can.

18. Question: What about clients who are receiving health care through a free or sliding-scale clinic? These clients may be undocumented and not eligible for coverage from MA.

A. The health insurance coverage question seeks to capture whether the client has a source of comprehensive health insurance coverage, which is different from whether the client has a source of health care. Health care services through a free clinic, or services that were self-pay at a sliding-scale clinic, do not constitute health insurance coverage.
Child Maltreatment

19. Question: Just to confirm – there are no questions to collect child maltreatment data in the child age interval forms at all, correct?

A. Correct - we will be collecting data for the MIECHV Child Maltreatment measure on a separate annual form, as an aggregate number. We recommend sites track whether children are involved in investigated (screened-in) child maltreatment cases throughout the year if possible. If your site relies on your local child protection agency for that information, you should contact them prior to October 2017 to let them know that you will need this information for reporting in October 2017.

Child’s primary source of medical care

20. Question: What if the caregiver usually seeks medical care for the child at an urgent care? How do we report that?

A. Unfortunately, it depends - some urgent cares are stand-alone clinics; others are part of a hospital and may be co-located with the emergency room. Depending on the caregiver’s or home visitor’s knowledge of the specific situation, this could be reported as “Other” (with a write-in of “urgent care”), “Doctor’s/Nurse Practitioner’s Office,” or “Hospital Outpatient.”

21. Question: Regarding where the caregiver usually seeks medical care for the child – does the category FQHC include RHCs and IHCs?

A. No, for this question FQHC (Federally Qualified Health Center) does not include RHCs (Rural Health Clinics) and IHCs (Indian Health Clinics).

Depression Screening and Referral

22. Question: What cutoff score should we use for depression screening?

A. Follow the guidelines and protocols provided by the evidence-based model that your site is using. You can also contact your FHV Consultant with questions – see contact information available on the MDH website: http://www.health.state.mn.us/divs/cfh/program/fhv/contactus.cfm

Employment Status

23. Question: When completing the Employment Status question (“Is the caregiver currently working?”) on the new MIECHV forms, if the caregiver is a mother currently on maternity leave from her full-time job, is she “Employed full-time” or “Not employed”? This caregiver is planning to return to full-time employment after maternity leave.

A. Report the caregiver’s employment status based on how many hours per week they were working prior to maternity or parental leave. Note that “Employed full-time” is now defined as 30 or more hours per week, and “Employed part-time” is now defined as less than 30 hours per week.
Parent-Child Interaction Observation

24. Question: Regarding the question on several of the forms that asks “Were the caregiver and child screened with a validated tool used to observe caregiver-child interaction…” We currently do NCAST before 3 months and before 12 months. Is it now required to do NCAST at additional intervals as well?

A. Yes, if your site is using the NCAST as the caregiver-child interaction observation tool, there should be one NCAST observation per year for children 0 through 36 months of age to meet the requirements of the MIECHV performance measure. You can continue to do the NCAST before 3 months and before 12 months, and additionally add NCAST observations before 24 months and 36 months of age.

Behavioral Concerns

25. Question: For the Behavioral Concerns measure that asks whether the home visitor asked the caregiver whether they had concerns about the child’s development, behavior, or learning: is there a target percentage of home visits where it is expected that this question has been asked?

A. No, there is no target percentage at this time. However we anticipate that HRSA will set a target for this measure in the future, and use it as a state performance indicator similar to the target caseload percentage of 85%.
Changes to reporting for MN NFP Programs

1. **Question:** Does the change to the NFP MN Supplemental Forms submission requirements only apply to MIECHV clients, or to all NFP clients?

   A. This change applies to all NFP clients, not just MIECHV NFP clients.

   B. The new submission requirement is that only the MN Primary Caregiver Intake and MN Child Intake Forms need to be completed in NFP-ETO. Additionally, only the “top part” of these intake forms will need to be completed – the Assessment Date, Section A, and Demographics. See illustration in the document “MN NFP Supplemental Forms Screenshots.”

2. **Question:** If we need to back-enter the MN Primary Caregiver Intake and MN Child Intake Forms in NFP-ETO for our continuing MIECHV clients, what date should we put on these forms?

   A. Please put the current date (date that the form is filled out) as the Assessment Date when you complete these forms for continuing MIECHV clients. You should not back-date the forms.

   B. Note that back-entry of the MN Primary Caregiver Intake and MN Child Intake Forms in NFP-ETO is only required for MIECHV clients who continue to be enrolled as MIECHV clients on or after 10/1/2016, and who do not already have these forms in the NFP-ETO system. Back-entry is not required for MIECHV clients who closed prior to 10/1/2016.

   C. Non-MIECHV clients served by NFP, who enrolled July 1, 2014 or later, should already have their MN Supplemental Forms in the NFP-ETO system (please see page 9 of the 2016 Reporting Guidance document, http://www.health.state.mn.us/divs/cfh/program/fhv/content/document/pdf/reporting2016.pdf). If your site has non-MIECHV NFP clients who do not have their MN Supplemental Forms in NFP-ETO, please contact the FHV Evaluation Unit at Health.FHVData@state.mn.us to talk about what you should do.

3. **Question:** If a home visitor is not yet trained in the DANCE parent-child interaction tool when a target child reaches one of the DANCE age ranges, should that screening be skipped?

   A. In this situation, the home visitor should arrange for another nurse on the team to administer the DANCE, so that the screening is not skipped. Skipping this screening would decrease Minnesota’s performance on one of the new MIECHV performance measures, if it is a MIECHV family being served.