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Memo #10 – 10

Date: July 16, 2010
To: Help Me Grow Project Directors
County Family and Children First Coordinators
From: Sondra Crayton, Acting Chief, Bureau of Early Intervention Services 
Subject: Help Me Grow Eligibility Clarifications starting July 16, 2010 & Follow Up to June 4, 2010
Face to Face Meeting
Copy: DEA teams; HBCF Specialists; Family Information Network; DoDD, ODE, ODMH, OFCCF

On June 4, 2010, several excellent questions were asked at a face-to-face meeting of ODH and county Help Me Grow administrators. This memo serves to answer the questions which required additional decisions and clarifications.

Clarification #1: When is eligibility determined for Home Visiting?

The policies which are scheduled to go into effect on July 16, 2010 state that “Eligibility must be determined for individuals in the identified populations who may meet criteria established by the department” (*Home Visitation Eligibility Determination* policy statement, March 12, 2010). The question was raised, when is eligibility determined? This question is especially important given *Procedure 2 of this policy*, which states “Previously exited newborns, infants, toddlers and expectant parents who were previously determined eligible for Help Me Grow – Home Visitation in accordance with HMG procedures must automatically be determined eligible...”

The *Home Visitation Eligibility Determination* policy states in *Procedure 1* that “Unless otherwise noted, the home visitor assigned in accordance with the Home Visitation policy is responsible for the completion of all eligibility determination procedures.” Given that a home visitor can establish eligibility at any point within the first 45 calendar days after referral, **ODH will consider a child (or adult if prenatal) “eligible” for the program IF the eligibility criteria have been confirmed through a conversation with the individual (i.e., parent) AND a consent form (Consent for Services and Parent’s Rights in the HMG HV program) has been signed and dated and placed in the child record.** Ohio Administrative Code 3701-8-05 sets forth that parent consent must be obtained before any services begin. This consent must be received in a timely manner to fulfill all of the requirements within the first 45 calendar days of referral.

Foster parents cannot sign a consent form in the place of a parent for this program. If a child is placed in foster care and his/her birth parent retains their parental rights, the birth parent must sign the consent for home visiting services and program participation. Moreover, no state or county employee may sign in the place of a parent.

Families who have ever been in HMG “at risk” do not have lifetime eligibility for HMG Home Visiting. If a family is currently being served by HMG At Risk and has another child, that child is not eligible for the HMG Home Visiting program unless that child meets the HMG Home Visiting eligibility requirements. Stated another way, the subsequent child must meet his/her own HMG HV program eligibility (see *Home Visitation Eligibility Determination* policy for eligibility criteria).

If a family was once in HMG and has exited, but now wants to come back to HMG HV with another child, he/she must meet the new eligibility criteria (which, because they already have a child means that child would only qualify if he/she has been abused or neglected, has a parent in active military duty, or is the first born child for one of the parents) in accordance with the *Home Visitation Eligibility Determination* policy.

Clarification #2: Verifying Income for Eligibility into HMG Home Visiting

Until further notice, Help Me Grow Home Visiting Program staff will not be required to ask for any verification of income eligibility, including documentation of WIC, Medicaid or Cash assistance. The home visitor must determine the appropriate category of HMG HV eligibility the child (or adult if prenatal). This eligibility determination must be confirmed by a conversation with the individual (i.e., parent) and the conversation must be documented in case notes, as required in *Definition 4* of the *Help Me Grow Child Record* policy. As a reminder, clarification #1 above requires a signed and dated consent form to establish when a child or individual becomes eligible for the program.

Clarification #3: Annual Evaluations for Part C Eligibility

The *Part C Eligibility Determination* policy statement (in effect July 16, 2010) requires that “eligibility must be documented for individuals in the identified populations who may meet the eligibility criteria established by the department.” *Procedure 5* of this policy sets forth the expectation that children who are made eligible for Part C early intervention services do not need to be re-determined eligible at any point. While evaluation for eligibility is not required annually, counties should exit children from early intervention when the IFSP team (parents, service coordinator, and service providers) decides that goals are met, services are no longer needed, and the family is ready to transition out of EI.

Clarification #4: Assessment for Program Planning every 180 days

Once a child is eligible for Part C early intervention and his/her initial IFSP is written, an assessment for program planning is required every 180 calendar days (from the date of the IFSP) in accordance with the *Part C Screening and Assessment* policy, *Procedures 5 & 6* (effective date July 16, 2010). It is required that this assessment is done by one qualified professional in all five developmental domains, using one of the five tools specified in this policy. Screening in the area of non-delay is unacceptable and is a violation of HMG policy.

The reasons ODH is requiring a structured and criterion-referenced tool on children every 180 days is so that (1) the Service Coordinator and parent(s) can see progress over time, (2) be alerted to any new concerns in a timely manner (instead of screening, then referring for further evaluation), (3) provide a consistent way of assessing children over time for their family, and (4) assure that IFSP reviews include the most current information about the child’s development.

Clarification #5: 90 days of non contact required before exit

The *Help Me Grow Exit* policy (effective July 16, 2010) outlines when you must exit a family from Help Me Grow. In *Procedure 3(a)* of this policy, it requires that written notification of contact attempts be sent to the referral source with a copy retained by the county HMG when initial contact was never made. Understand that Early Track counts children as active if they have an IFSP or FP and inactive if they do not have the required document. The Service Coordinator/Home Visitor Caseload Report in Early Track distinguishes eligible and non-eligible children and those with eligibility are counted on the caseload. Therefore, caseloads and compliance with the maximum caseload of 45 children will not be impacted by the 90 day wait period before exit for families who were never made eligible. Additional clarifications are below:

Families for whom initial contact was made, if they have been made eligible and there is a signed consent for services, Procedure 3(b) of the *Help Me Grow Exit* policy must be followed and the 90 consecutive calendar days must pass before exit.

The *Home Visitation* policy (*Procedure 8*) requires “that there is at least one successful contact with the family every 30 calendar days from the date of referral through the date of exit unless the family has requested less frequent contact and the request is documented in the child record and signed and dated by the parent.”

The *Part C Service Coordination* policy (*Procedure 6*) requires “that there is at least one successful Part C contact with the family every 30 calendar days from the date of child find referral through the date of exit unless the family has requested less frequent contact and the request is documented on the IFSP.”

Families who were referred, but whom were never made eligible must be sent a letter after 3 contact attempts have been made in 30 days. For a family for whom initial contact was made, but eligibility was never established by a signed and dated consent form for services, *Procedure 3(b)* of the *Help Me Grow Exit* policy must be followed and the 90 consecutive calendar days must pass before exit. This allows for enough time for the parent, who showed initial interest in the program, to respond to the county about his/her participation in HMG.

Clarification #6: CAPTA Referrals

Part C, Section 637(a)(6)(A&B) (State Application and Assurances) requires that states participating in Part C to refer for early intervention services any child under the age of 3 who is the victim of a substantiated case of child abuse or neglect; or is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure. This is what is often referred to as CAPTA, an acronym for the Child Abuse Prevention and Treatment Act, federal legislation reauthorized on June 25, 2003.

Children who are identified as CAPTA referrals are automatic referrals to Part C first—which includes the victims of substantiated abuse and neglect (but also the other two groups listed above).

The CAPTA-referred child must be screened using **BOTH** the Ages and Stages Questionnaire: Social Emotional and the Ages and Stages Questionnaire upon referral and consent. If either screening shows a concern, the child must then be fully evaluated for eligibility into Part C early intervention services.

If the child does not show an eligible level of delay for Part C early intervention services and he/she is a victim of substantiated abuse or neglect, he/she is automatically eligible for the Home Visiting program.

If the child does qualify for Part C early intervention services, and he/she is a victim of substantiated abuse or neglect, he/she is automatically eligible for both Part C and the Home Visiting program and both programs should be offered to parents.

The attached flow chart in Appendix A is provided to show the series of events expected for any child referred as a child falling under CAPTA as listed above.

Clarification #7: Written Prior Notice requirements for Part C families

It has come to our attention that there is confusion about when written prior notice of 14 days is required in the Part C Early Intervention program. In the *Part C Service Delivery* policy, Procedure 5, it requires that “written prior notice must be given to parents of an eligible child a reasonable time (at least fourteen calendar days) before a service provider completes an (a) initiation or change in the evaluation of the child or (b) initiation or change in the provision of part C services.”

This means that the parent must be notified in writing 14 days in advance of the initial evaluation time, date and location.

It also means that before any change or initiation of an early intervention service, the family must be notified in writing. However, “if the parent is present during a face to face meeting when the decision is made to act as outlined in (a) or (b) [quoted above] of Procedure (5), no written prior notice is required. In this instance, a parent’s signature on the IFSP indicates consent and notice of a change in service” [*Part C Service Delivery* policy, Procedure 5(c)(i)].

In circumstances when the IFSP signature replaces written prior notice, the following must be documented in case notes:

1. The date the change was proposed
2. The effective date of the change
3. The nature of the proposed changes
4. The reason for the change
5. The name of the person initiating the change (title and agency as well)

If and when prior written notice is not possible, the reason(s) why must be documented in case notes.

Please see the list of Questions and Answers attached from June 4, 2010 face to face meeting not already answered in this memo.

For additional questions as they arise, please continue to contact your technical assistance program consultant or program administrator, Wendy Grove @ wendy.grove@odh.ohio.gov.

HMG Q&A #10 – 01

July 16, 2010

1. Will forms be online?
Yes, on the Help Me Grow website.
2. Is a fax of Intake and Referral (I&R) ok?
Yes. Original must be kept, but a copy in the Child Record is ok.
3. Will I&R form replace old I&R form for both groups?
Yes, required form for both Part C and Home Visiting referrals.
4. Are Home Visitors grandfathered in without an Associate's Degree?
Yes, IF they are hired and working in their role prior to Policy and Rule implementation on July 16, 2010.
5. Recommended putting a number on standardized forms.
Thank you, we have done this on all forms required and posted on our website.
6. Is the Home Visiting schedule negotiable?
Yes. You must offer the prescribed home visiting schedule found in the Home Visitation Policy, but the schedule can be adjusted based on the desires of the parent. The schedule which must be offered is based in the research literature from the most effective models of home visiting and should be presented to parents as important. However, ultimately the family decides what they would like for a home visit schedule and this is documented on the Family Plan.
7. How close do these data forms match Parents and Teachers (PAT)?
This is not our top priority, however we did consider Early Track, the requirements of both PAT and Nurse Family Partnership (NFP) and there is a lot of overlap regarding data required. Sharon Marcum, PAT state leader for Ohio created a crosswalk between PAT's data requirements and HMG which will be available soon.
8. Can case notes go into Early Track?
Yes, but must be thorough and when requested, provided in hard copy to ODH.
9. Will there be training on the Family Plan (FP)?
Yes, it is covered in the Home Visiting Tools & Forms training, available now on OhioTRAIN.
10. When will data be pulled on HV outcomes?
Some data will be examined on a regular basis very soon after the program begins for budget discussions and to monitor implementation progress. We are aware of the time it takes to properly implement a program and will keep that in mind when reviewing data.

11. What is the cost for PSI & AAPI?
PSI costs \$2 per form.
AAPI does not need to be purchased, but must pay for scoring. ODH will send out details of accessing the ODH-monitored and purchased account, so that counties will not have to pay for this tool in SFY 2011.
12. Are we switching to ASQ-3?
Both ASQ-2 & ASQ-3 will be in Early Track. We know that the ASQ-3 is better and has more accurate cut-off scores because it was normed with so many more children than the previous (ASQ-2) version. If you can purchase the new tool, that is wonderful and we encourage that. However, at least for SFY 2011, ODH is not requiring counties to purchase and use the ASQ-3 for their developmental screening tool.
13. Service Coordinators who have already taken the Basics training and want to become Home Visitors—Do they also have to take the Training Institute for a first time Home Visitor credential? What about Project directors?
Project Directors who have been in their position for more than five years AND credentialed Service Coordinators who also want to become credentialed Home Visitors will have the opportunity to attend a ONE day or online refresher course as a substitute. The recently published Training Bulletin reflects this substitute, as does the “Training requirements by role” for your manual on our website.
14. Do you have to take Training Institute before the other training?
No, you are not required to take the HMG Training Institute first before other trainings, but we recommended that you do.
15. Will the forms be provided in Spanish?
Yes, the Consent Form for Services, Consent to Release Information, and Family Plan have been translated and are now available on the HMG website.
16. Will falling below targets in the coming fiscal year (SFY11) affect funding allocations the following year (SFY12, since child counts from the previous year have informed funding in subsequent years during times when failure to make targets affected funding).
Funding decisions for SFY2012 have not been made.
17. Will all forms will be available for download on the website?
Yes, they will be available on our website.
18. The glossary will be available when it is completed on the website?
Yes, it will be available soon.
19. Will one consent form work for HV and Part C?
No, they are two different required forms.
20. Will there be a wait-list on ET?
In Early Track, there will be an option for a waitlist for HMG HV but not Part C. On the referral outcome page, there is the option of selecting the outcome “Child/Family on waiting list for Home Visiting HMG Services”. There is a report in ET named “Referral

Outcome by Referral Source Type Detail” that will list referrals and their corresponding outcomes.

21. Part C assessment must be one of five tools.

That is correct.

22. What will child count numbers be based on?

The child must have a current eligibility (Part C, At Risk, or Home Visiting) and either an IFSP or FP dated on or after the current eligibility date to be included in child count.

23. Suggestion – training on working with addicted babies.

Thank you for the suggestion, I have asked our state partners at ODADAS to help us with this training.

24. Transfer of records?

Please refer to the new *Transferring Records* policy. The signature for consent to send or receive records is the responsibility of the county of current family residence. If the family has not yet re-located and make the request for their records to transfer, the sending county obtains the signature on the consent. If they have already moved, the receiving county obtains the signature on the consent and faxes it to the sending county.

25. HV Data – Will missing information show up in red?

Yes.

26. Possible issue with income eligibility for the Amish.

Right now, we are taking parent report for income eligibility, so there should not be an issue. We appreciate you bringing this up for future if and when we do verify income in the future.

27. The suggestion was made at the 6-4-10 meeting that the wheelchair on the HMG logo be replaced with a stroller.

At this time, the HMG logo will not change.

28. “I tried to order the PSI SF online. I cannot purchase the instrument since my educational qualifications are not suitable for ordering. How do I order these materials? Second, do you need to have a degree in one of their qualifying fields to use the instrument? Not all Home Visitors have Social Work degrees.

Please check to see if there is someone in your county who could qualify for ordering these materials. If not, Wendy Grove can be your educational contact for ordering. Email Wendy for coordinating this @ wendy.grove@odh.ohio.gov

29. A similar notebook for Part C to what was provided on Friday would be appreciated.

Thank you, we are planning a Part C Program Manual in the near future.

30. Would you please clarify something for me that I heard 2 different ways on Friday? Is it REQUIRED that all current A/R families stay on an IFSP for their remainder of time in HMG OR can counties opt to switch them to a Family Plan at a logical transition point (i.e. at 6 month reviews). I have it written as 2 different answers in my notes.

Counties can opt to move families to a Family Plan at a natural point in time. However, (1) this must be implemented county-wide and (2) Early Track is designed to continue collecting information currently required on the IFSP tab in Early Track for all currently-enrolled At Risk.

31. Because we are separating our HVs and SCs, I have a new HV who will need to absorb some of my current A/R kids. If we have to keep them on IFSPs, does that mean she will also need to do IFSP training, even though she's only going to serve HV kids?

Yes she will need to take the IFSP training.

32. The issue that was mentioned on Friday regarding the delay in getting Developmental Wheels is true. We ordered "English" wheels in January; received "Spanish" wheels (which we did not order) and re-ordered again in January. As of today, we have still not received the wheels, 6 months later.

We appreciate the feedback and have identified multiple areas of possible delay in our literature ordering protocols. Since the June 4 meeting, we have re-vamped our ordering process and will be checking monthly about orders made, in progress, and completed. Please do not wait longer than 3 weeks between ordering and expecting a delivery before you alert your HMG program consultant to the delay in receiving materials.

Appendix A: HMG CAPTA Referrals Flow Chart
July 2010

