



OHIO DEPARTMENT OF HEALTH

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Memo # 11-01

To: HMG Project Directors and ET system administrators

From: Sue Scott, Quality Assurance Program Consultant

CC: FCFC Coordinators, BEIS HMG Staff, State Partners

Subject: Early Track December 2010 Updates

Date: January 3, 2011

Updates/changes were made to ET 3.0 December 15th, 2010. When updates/changes occur, a memo is sent to county HMG Project Directors and ET System Administrators. *Please notify all of your county ET users this memo can be accessed under "ET Info" in Early Track.*

Summary of Updates/Changes

1. Assessment section (Part C/At Risk). "Assessment completed prior to 90 days of initial referral" has been added to the drop down list of assessment tools in the Part C/At Risk section of Early Track.

Screen shot 1. Assessment Detail page

| Child Search | Child | Primary Caregiver | Service Coordinator | Status |
|----------------------|---|---------------------------------------|---------------------|---------------|
| Demographics | ODH Test, Jon again | Test, Jonathan | Test, Test | Part C |
| Caregivers | DOB: 9/1/2007 | 555 Test Road | A Wonder World | 6/4/2007 |
| Newborn Home Visit | ET ID: 0005733466 | Worthington, Ohio 43085 (No Phone) | 6/1/2007 | |
| Referrals | 45-Day Timeline Ends : 7/16/2007 | | | |
| PartC/At Risk | Referral Selected for 45-Day Compliance : 6/1/2007 | | | |
| Service Coordinators | Missing Requirements : Nutrition Screening | | | |
| Evaluations | | | | |
| Assessments | | | | |
| Screenings | | | | |
| Eligibility | | | | |
| IFSP | | | | |
| COSF | | | | |
| Transition | | | | |
| Home Visiting | | | | |
| Home Visitor | | | | |
| Eligibility | | | | |
| Intake Form | | | | |
| Home Visit Tools | | | | |
| Ongoing Home Visits | | | | |
| Family Plan | | | | |
| HV Schedule | | | | |
| Exit Child | | | | |
| Case Notes | | | | |
| Transfer Child | | | | |

Assessment List Assessment Detail

*Assessment Name : [Dropdown]

*Assessment Date : [Dropdown]

* Child's age in months at time of Assessment: [Dropdown]

* Administered By : [Dropdown]

Assessment completed prior to 90 days of initial referral

Battelle Developmental Inventory 2

Bayley Scales of Infant Development-III

Early Learning Accomplishment Profi

Hawaii (HELP)

Home

NCAST Feeding

NCAST Teaching

SKI*HI

SKI*HI LDS

Add Note

* Indicates required field

2. Status of Requirements (Home Visit Tools section). The first part of the Status of Requirements is completed. The required home visit tools are listed with either the initial date they were completed or the date when they must be completed by.

For example, in the screen shot below:

- The initial ASQ was completed 9/5/2010;
- The ASQ-SE is due by 1/1/11, which is when the child is 5 months of age. *Because the child was referred when he/she was less than 3 months of age, the ASQ SE is due on/before 5 months of age;*
- The HSQ is due by 10/16 10, which is 45 days from referral (referral date is 9/1/10);
- The PEACH was completed 9/3/10;
- The TAL is due by 10/16 10, which is 45 days from referral (referral date is 9/1/10);
- The EPDS, Home or NCAST-T, and HMG Safety Checklist have no dates because they are due by the 6 month review of the Family Plan and the initial Family Plan has not yet been entered;
- The PSI-SF, AAPI and ISEL are due by 2/1/11, which is when the child is 6 months old. *Because this child was referred on/after their D.O.B. and before 6 months of age, the 6 month Evaluation Checkpoint is the first applicable.*

Screen shot 2a. Status of Requirements page

| Child | Primary Caregiver | Home Visitor | Status |
|---|--|--|----------------------------------|
| Scott, December DOB: 8/1/2010 ET ID: 0005847561 | Scott, John 1100 Granville Rd Newark, Ohio 43055 (740) 785-8976 | Visitor, Home Licking County Health Department 9/1/2010 | Home Visiting 9/1/2010 |

| Tool | Initial |
|--------------------|--------------------------|
| ASQ | 9/5/2010 |
| ASQ-SE | Due by 1/1/2011 |
| HSQ | Due by 10/16/2010 |
| PEACH | 9/3/2010 |
| TAL | Due by 10/16/2010 |
| EPDS | |
| Home or NCAST-T | |
| HmgSafetyCheckList | |
| PSI-SF | Due by 2/1/2011 |
| AAPI 2 | Due by 2/1/2011 |
| ISEL | Due by 2/1/2011 |

Screen shot 2b. List of Home Visiting Tools and their Due Dates

| Tool | Initial—Must Be | Exceptions-Initial |
|----------------------|--|--|
| ASQ | On/after D.O.B. and within 45 days of referral | If referred less than 3 months of age, due on/before 5 months of age |
| ASQ-SE | On/after D.O.B. and within 45 days of referral | If referred less than 3 months of age, due on/before 5 months of age |
| HSQ | On/after D.O.B. and within 45 days of referral | If referred prenatally, due within 45 days of birth |
| PEACH | On/after D.O.B. and within 45 days of referral | If referred prenatally, due within 45 days of birth |
| TAL | On/after D.O.B. and within 45 days of referral | If referred prenatally, due within 45 days of birth |
| EPDS | On/after D.O.B. and prior to the 6 month review of the Family Plan | ONLY if Primary Caregiver is Mother If referred prenatally, due prior to first FP review after the child's birth date |
| HOME or NCAST | On/after D.O.B. and prior to the 6 month review of the Family Plan | If referred prenatally, due prior to first 6 month FP review after the child's birth date |
| HMG Safety Checklist | On/after D.O.B. and prior to the 6 month review of the Family Plan | If referred prenatally, due prior to first 6 month FP review after the child's birth date |
| PSI-SF | On/before selected *evaluation checkpoint* +30 days | *see evaluation checkpoint NOTE* |
| AAPI 2 | On/before selected *evaluation checkpoint* +30 days | *see evaluation checkpoint NOTE* |
| ISEL | On/before selected *evaluation checkpoint* +30 days | *see evaluation checkpoint NOTE* |

| | |
|---------------------------------|---|
| NOTE *evaluation checkpoint* | Evaluation Checkpoints are D.O.B., 6 months of age, 12 months of age, 24 months of age and 36 months of age |
| | The initial Evaluation Checkpoint applicable is the first one occurring after referral date |

3. COSF Help Screens. The COSF Help screens have been added to the COSF section. You must be on the actual page to access the COSF Help screens. Please see example below.

Screen shot 3. COSF Help Screen

COSF: Child Outcome List TAB **10/21/10**

HIGHLIGHTS OF PAGE:

- COSF means “Child Outcome Summary Form”.
- This TAB displays the dates outcomes were written as well as the outcome type.
- Entry COSF Ratings cannot be entered until there is a Part C IFSP dated on /after six (6) months of age.
- Click on the “History” Tab found in the “Left Navigation Column” to help determine when to do the “Initial COSF”.
- **Required information is in red.** Conditional fields are in blue. All other fields are in black. Definitions are in green.

4. Exiting children. There have been some issues with exiting children because the exit reason and destination drop down lists are blank. This issue has been corrected in the December release.

Reports

- 5. **COSF child list report.** Deleted IFSPs and ET records that had been deleted were appearing on this report. This issue has been corrected and deleted records and deleted IFSPs will no longer appear on this report.

Additions to Drop Down lists

Master Agency List. We continue to add agencies to the master agency list. Please use the [contact us](#) link to request additions to this list. Generic requests, such as public school and physician, will not be added. You need to submit specific agency/physician names when requesting additions to the master agency list. There is also a report in the report section “Master Agency Report” that lists all the agencies in ET 3.0.

Additions to the Drop Down Lists

| Page Name | Field Name on Page | New Drop Down Option |
|------------------|--------------------|----------------------|
| Caregiver Detail | Primary Language | *Kirundi |