

MIECHV Data Collection & Reporting for EHS & HFO

Frequently Asked Questions (FAQ)

Forms & Data Collection

Will the required screens/forms be translated into Spanish? If so when?

The MIECHV state team is exploring the possibility of translating forms into Spanish and will update sites should this be a possibility in the future. We are unsure at this time when this might occur. The Patient Health Questionnaire (PHQ-9), Ages and Stages Questionnaire –third edition (ASQ-3), and the Relationship Assessment Tool are available in Spanish.

For depression, tobacco or intimate partner violence referrals, there are various reasons why they may not be referred, how will these be captured?

- For tobacco screening, we are only tracking if and when a referral was made.
- For both depression screening and intimate partner violence screening, there are spaces to mark why a referral wasn't made, we realize they may not capture all reasons and therefore an "other" option is available.

M2B Referrals Tracking and Follow-up form for tobacco and depression referrals: Depression Referrals

Why isn't there a place to indicate on the M2B Referral Tracking and Follow-up form that a referral was not made for depression services?

The benchmark measure has changed, including how depression referrals are now measured. The new benchmark measure denominator will only include clients who screened positive and had referrals made (in the past, the denominator included anyone with a positive screen, regardless of whether a referral was made). So now the measure is whether clients who were referred for depression services received the service for depression. This measure honors home visitors' policies, procedures and/or clinical judgement as to the timing and necessity of a depression referral – it captures the referral outcome.

Visit Date Report: Concerns regarding child's development, behavior or learning

Is there a new form to capture concerns regarding child's development, behavior, or learning?

The current **Visit Date Report** has been updated to capture this information. A yes/no column has been added to the Visit Date Report, to document if this question has been asked of the family. A "Y" will indicate if the question was asked of the family and an "N" will indicate that this question was not asked.

How will concerns regarding child’s development, behavior, or learning be reported?

Home Visitors are encouraged to continue engaging families in discussions regarding their child’s behavior, development and learning at each visit. A yes/no column has been added to the Visit Date Report, to document if this discussion (question) has been asked of the family.

ASQ Referral Tracking and Follow-up form

When do we need to submit an ASQ Referral Tracking and Follow-up Form?

Home Visitors should complete and submit an ASQ Referral Tracking and Follow-up form whenever a child is screened during a MIECHV ASQ screening period (9/10, 18, 24 and 30 months for EHS/HFA) and the screening shows one or more ASQ domains in the black (at-risk) OR two or more domains in the grey (monitoring), or a combination of black and gray. This is in line with the ASQ-3 tool guidance, and is also how we will be defining a “positive screening” for the purposes of our calculations for this Benchmark measure.

Do I complete the ASQ Referral Tracking and Follow-up form for a child who was referred to EI by a pediatrician, or whom we referred but not based on the ASQ screening?

No. You will only complete the ASQ Referral Tracking and Follow-up form for a child who has been screened by a MIECHV home visitor using the ASQ for a MIECHV-timed screening (9/10, 18, 24 or 30 months for EHS/HFA) and scored in either the grey (“monitoring”) and/or black (“at-risk”) zones.

What should I put for the “date EI referral contacted” under Early Intervention Services on the ASQ Referral Tracking and Follow-up form if EI was never actually contacted (because of parent refusal or because the Home Visitor determined it was not appropriate)?

If EI services is never contacted, you would not write in a date. However, you would still complete the individualized developmental support section of the ASQ Referral Tracking and Follow-up form.

If the child does not score in the monitoring (gray) or at-risk (black) zone, but the Home Visitor still wants to refer to EI, do we still complete an ASQ Referral Tracking and Follow-up form?

No. You only need to submit an ASQ Referral Tracking and Follow-up form if the child screens positive in two or more gray areas or one or more black areas.

What if initially the home visitor decides to wait on an EI referral and instead chooses to conduct developmental support but then later determines that an EI referral is needed, how would this be reported?

In this case, the home visitor would fill out the ASQ Referral Tracking and Follow-up form and write in the date of the individualized developmental support and then update

the form if/when an EI referral is made. The ASQ Referral Tracking and Follow-up form is to be submitted monthly with any updates.

For the ASQ Referral Tracking and Follow-up Form, what date do we use for the start of the 30 or 45 day period for the EI or community service referrals?

For the “*Date referred to service*” on the ASQ Referral Tracking and Follow-up form, under the “Initial referral: Date referred to service” column, the date written here should be the date the EI or community service provider is contacted either by the parent or Home Visitor/LIA (which may or may not be the same date of the ASQ screening but should be shortly thereafter). The 30 or 45 day window will then begin from the day the referral contact was made by the client or home visitor.

For the Early Intervention (EI) referral, is it the screening or evaluation that needs to take place within 45 days?

The MIECHV benchmark measure 18 considers receiving an EI evaluation as the closure of the referral loop (not the screening). Therefore, the data will capture whether a child receives an EI evaluation within 45 days of the initial referral contact.

You may be able to help expedite the evaluation by providing a copy of the ASQ-3 summary sheet to EI when making the referral. If the ASQ has been completed within 30 days many EI providers will utilize your ASQ to meet their screening requirement and move directly to evaluation.

Why are we being asked to track whether an EI evaluation is completed within 45 days when the evaluation is beyond our control?

We recognize that the timing of Early Intervention evaluations is beyond your control. HRSA is interested in learning more about referral and follow ups that result from Developmental Screenings. We want to remind you that though you are reporting this, this is not a performance measure for which a standard must be met. This will help us to capture gaps in services, information that will have value in informing the comprehensive early childhood system, decision makers and funders.

Well-Child Visits (Measure 4)

For Well Child Visits, why doesn't the data collection schedule include all of the recommended visits according to the American Academy of Pediatrics (AAP)?

All of the AAP recommended well child visits are included within the new forms. To reduce the data collection burden, more than one well-child visit might be collected on one MIECHV reporting form.

Safe Sleep (Measure 7)

For Safe Sleep, do you have definitions of “soft bedding or bed-sharing” and guidance for talking with families and safe sleep resources?

We encourage you to review the Oregon Health Authority’s materials: [Safe Sleep for Babies](#) and watch the webinar [Safe Sleep in Oregon: Guiding Conversations with Families](#) which go in detail on these definitions and provide guidance for talking with families. The MIECHV team plans to provide additional training or technical assistance on this new measure in the coming year.

Developmental Screening (Measure 12)

For Developmental Screening, our model and program requires that screenings occur at earlier ages. Should we complete the ASQ Referral Tracking and Follow-up form if we referred the child to EI at an earlier screening (e.g. 4-months)?

While we are encouraged to know that screenings and referrals are occurring at earlier ages, MIECHV is only requiring that we track the referrals that result at the ages included in the benchmark measure. Therefore you need only complete the ASQ Referral Tracking and Follow-up form to reflect referrals that occur as a result of screenings at 9/10, 18, 24 and 30 months.

The HFA model requires that we complete the developmental screening at 8 months, can we submit that and meet the MIECHV requirements?

The new MIECHV Benchmark measures require that developmental screenings occur at 9, 18, 24 and 30 months. At 9 months, the ASQ-3 guidelines differ from other ages and have a shorter timeline for completion (30 days). According to ASQ-3 guidelines for choosing a questionnaire, when a baby is aged 9 months 0 days to 9 months 30 days, the 9 or 10 month ASQ-3 questionnaire may be completed. Given the MIECHV requirements and the ASQ-3 guidelines referenced, developmental screenings should be completed at 9 months and we will accept both 9 and 10 month questionnaires, with a completion time of 9 months 0 days to 10 months 30 days.*

However, should a child have been born 3 or more weeks premature, and is less than 24 months of age, you will use the appropriate age-adjusted questionnaire when the child is 9 months.

**If you have already received a New 2017 Data Collection & Reporting Schedule for a client who is younger than 9 months, please adjust the Date Range for Form Completion for the 9 month ASQ to 9 months 0 days to 10 months 30 days.*

Does the Developmental Screening measure require that the specific 9, 18, 24 and 30 month questionnaires be completed or that a developmental screening be completed at the child's chronological age at 9, 18, 24 and 30 months (i.e., at 9 months following birth)?

The Developmental Screening measure requires that a developmental screening be completed at the child's ***chronological age*** of 9, 18, 24 and 30 months. The choice of questionnaire used will be dependent upon the child's adjusted age for prematurity when applicable. Should a child have been born 3 or more weeks prematurely, and they are less than 24 months of age, the child's age would be adjusted to determine which questionnaire to use. Please see the ASQ-3 guidance manual for more information.

What is the window period for the 9 or 10 months screening?

Home Visitors can use either the 9 or the 10-month ASQ screening tool in the required time window of 9 months 0 days to 10 months 30 days.

How are we defining a "positive screen" for being at risk for developmental delays?

A "positive screen" is defined as a child for whom the results of the ASQ-3 screening show one or more ASQ domains in the black OR two or more domains in the grey, or a combination of the two.

Continuous Health Insurance (Measure 16)

Does measure 16, regarding continuity of insurance coverage pertain to the parent or the child?

The intention of this measure is to determine if *primary caregivers* have had continuous insurance for at least six months.

For continuous insurance coverage, does emergency insurance count?

The measure asks us to report on continuous health insurance coverage for 6 months, if the family is able to answer that they had insurance coverage (even emergency coverage) for 6 months then yes, they will be counted for this measure.

Will there be a way to capture families who are unable to access insurance?

No. While we understand that some families may not have access to health insurance for a variety of reasons, we will not be collecting data on this at this time.

Completed Developmental Referrals (Measure 18)

**See "ASQ Referral Tracking and Follow-up form" starting page 2.*