

MIECHV Data Collection & Reporting for NFP Frequently Asked Questions (FAQ)

The 2018 MIECHV Forms and Data Collection Manual for NFP is available on the MIECHV website [here](#). This includes the ETO forms that include MIECHV data points and the combined ASQ: ETO and MIECHV Follow-up for At Risk combined forms.

Data Collection Changes as of 7/1/2018

Healthcare Services form: This new form contains data information we need to report to HRSA for our MIECHV performance indicators and demographic information, beginning at birth (we do **not** need this form for prenatal moms). This form will need to be sent to the state EVERY TIME it is completed (AFTER the baby is born). At a minimum, this form should be completed and sent at:

*Infant Birth

*Child's 12-months

*Childs's 24-months

(Due to the fact that we need to federally report the data on if the "child has a usual source of dental care")

These forms were also updated on July 1:

- MIECHV Demographics: Pregnancy-Intake
- MIECHV Infant Birth
- MIECHV Demographics Update

ASQ Developmental Referral 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.

If a home visitor completes a developmental screening and the child screens in the monitoring or “at risk” zone, should we check individualized developmental support as well as any referrals that may be completed?

As we know it is standard practice for home visitors to provide individualized developmental support when a child’s developmental screening shows a child in the “at

risk” or “monitoring” zone; we ask that you please check this in addition to whatever referrals you also may be completing.

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.

Why are we being asked to track this 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.

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.

Encounter Form

Do you want us to send the Encounter forms for the canceled and attempted visits or just those visits that were completed?

Only submit the Encounter forms for the visits that were completed (where the questions on the form were answered).

Can we send Encounter forms weekly instead of monthly?

Yes. We would like them at least monthly, but if you want to send the Encounter forms more often that is fine.

Do we have to submit all of these forms?

Yes, once the baby is born. You will submit every Encounter form completed for every home visit once the baby is born.

When/how do we submit these?

You can submit these monthly or in any way your team thinks is easiest. For instance, you can bundle all forms completed in a month together and send them on the last day of the month. Or you can send them weekly, or as they are completed.

Do the Home Visitors use the Encounter Form at every visit?

Yes.

Clinical IPV Assessment (HITS)

When will this be collected?

You will follow NFP guidelines regarding the timing for use of the IPV assessment.

For MIECHV, you will submit the addendum forms for the 5-7th visit (N1 form) and 12 weeks post-partum (N4 form).

**Please note that there remains the possibility that in the future we may need to add back in the 12 and 24 month screenings should the State of Oregon determine that these data collection points will be implemented state-wide.*

DANCE Assessment

Do we need to submit the DANCE assessment or only record it on MIECHV forms?

You will not need to complete any questions related to the DANCE or submit the DANCE assessment.

The *data quality report* from the live ETO system can provide us with the date the DANCE was complete (the Due Date for Forms only indicates when DANCE is due, and then indicates “Done” when it is complete). We will therefore pull this date from ETO here in our office.

4-month ASQ-3 form

Will this need to be submitted to MIECHV?

No. The 10, 18 and 24 (24 months ASQ is optional) month ASQs will be submitted to MIECHV, along with the ASQ Referral Tracking and Follow-up form if needed (which is on the back of the NFP ASQ-3 form). Please refer to the Data Collection and Reporting Schedule.

What if an infant is assessed at 4 months using the ASQ and screens at-risk: do we record this somewhere?

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 At Risk for Developmental Delay referral tracking and follow-up form to reflect referrals that occur as a result of screenings at 10, 18, and 24 (optional) months.

School Readiness and Achievement

For the question on the Demographic Intake and Updates form related to learning and achievement, is this question necessary, and how do we answer it if the client has not had any change since the last time the question was asked?

This question, “*When you think about your (client’s) most recent experience in school or classes, how would you rate your own learning and achievement level?*” is a HRSA-required question that is linked to understanding the demographics of the MIECHV priority populations. In particular, HRSA wants to know how many of the clients served by MIECHV have low educational achievement as part of their risk profile. In order to ask this in a neutral way, HRSA recommends the question be asked in the way it is presented on the forms.

To complete this question, please refer to the 2018 Addendums to NFP and MIECHV forms and instructions document. If the client's status has not changed when the HV conducts the demographic updates form, the home visitor should mark whatever the last answer was (if the answer was previously "low", it would be marked "low" again).

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.

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.