

## **Alabama Early Head Start Child Care Partnership Grant (EHSCCP) Care Coordination Program Update**

**Satellite Conference and Live Webcast  
Tuesday, June 25, 2019  
1:00 – 3:00 p.m. Central Time**

**Produced by the Alabama Department of Public Health  
Video Communications and Distance Learning Division**



**Providing Care Coordination Services  
to Children Referred from the  
Alabama Department of  
Human Resources  
Early Head Start Child Care Partnership  
Grant (EHSCCP)  
and  
The Implementation of New Services**

### **Presenter**

**Melissa Godwin, LICSW  
DHR EHSCCP Grant Coordinator  
Bureau of Family Health Services  
Alabama Department of Public Health**

### **Objective of Today's Presentation**

- **To refresh staff on Protocols and Procedures when providing care coordination services to referred Early Head Start (EHS) children and to educate staff about additional services to provide the EHS Providers and the parents of EHS children**

### **Alabama Department of Human Resources Early Head Start Child Care Partnership Grant**

- **The partnership between DHR and ADPH on the Early Head Start Child Care Partnership (EHSCCP) Grant began in 2015**
- **Currently, the grant allows for up to 566 children to receive Care Coordination services**
- **On average, an enrolled Early Head Start child can receive up to 10 hours of Care Coordination services during the program year**

### **The EHSCCP Model**

- **Establishing partnerships between Head Start Programs and Licensed child care centers and a statewide Family Child Care Hub**
- **Partnerships with the Alabama Department of Children's Affairs, the Alabama Department of Public Health, Auburn University, and the Alabama Department of Post-Secondary member schools**

### **Purpose of the Grant**

- The DHR EHSCCP program serves eligible children already receiving child care subsidies
- Priority need: Teen mothers and families challenged by child abuse and neglect issues and homelessness

### **Purpose of the Grant**

- Statewide effort includes urban and rural counties where there is a high number of children experiencing poverty
- Provides early learning and links the child to preventative medical and dental care needed to help prepare the child to enter the public school system

### **Statewide Collaborative Efforts**

- Counties that have one or more Head Start Center sites participating in the DHR EHSCCP Grant and refer children for Care Coordination services:
  - Butler, Cherokee, Crenshaw, DeKalb, Fayette, Houston, Jefferson, Limestone, Madison, Marshall, Mobile, Randolph, Talladega, and Tuscaloosa

### **Statewide Collaborative Efforts**

- Counties with Family Day Care Homes (under the umbrella of Auburn University Department of Human Development and Family Studies) that provide EHSCCP services through the grant:
  - Autauga, Baldwin, Conecuh, Coosa, Cullman, DeKalb, Elmore, Franklin, Hale, Jefferson, Lauderdale, Lawrence, Lee, Lowndes, Madison, Pike, Mobile, Montgomery, Morgan, St. Clair, Talladega, and Tallapoosa

### **Role of the Care Coordinator**

- Assess the child's needs for a Medical Home
- Assist in linking the child to a Medical Home, if needed
- Educate parent/caregiver about well child appointments and the importance of preventative care

### **Role of the Care Coordinator**


- For children who are insured by Medicaid or appear Medicaid eligible, educate the parent about EPSDT screenings and the purpose of the screenings
- Monitor compliance with well child appointments and EPSDT appointments with the Primary Medical Provider

### Role of the Care Coordinator

- Assess the child's needs for a dental home
- Educate the parent/caregiver about the importance of a dental home by 12 months age
- Educate and Assist the parent/caregiver in locating a dental home for the child;
- Monitor compliance with dental appointments

### Role of the Care Coordinator

- Assess if the child and/or family have any other needs and link the family with needed resources. (i.e. WIC, SNAP, TANF, Food Bank, FQHC, and Immunization Services, etc...)



### Required Documentation

- Electronic Referral Form
- Psychosocial Assessment
- Progress Note
- Case Plan
- Report to Referring Provider
- SSR
- CHR-6A

## ELECTRONIC REFERRAL FORM IN ACORN

\*Indicates a Protocol change

### ELECTRONIC REFERRAL FORM

- Program – Select DHR/Early Head Start
- Referral needs to be entered within 5 days of receiving the referral \*
- Complete Referral Form in ACORN 1 time per school calendar year (Aug- June) for each referral \*
- Complete each tab on the electronic referral form
- The referral source: Select DHR/EHS

\* Indicates a Protocol Change/Modification

### EHS REFERRAL FORM IN ACORN

REFERRAL FOR CARE COORDINATION

Patient Name: [REDACTED] SSN: [REDACTED]  
 County: Montgomery District: East Central  
 Employee: Godwin, Melissa  
 Program: DHR/Early Head Start  
 Date: 02/11/2019

**← SELECT DHR/EHS**

TRANSFER  
 Patient Information | Referring Provider | Reason | Psychosocial/Additional Information | Care Coordinator

Referral Date: 02/11/2019  
 Medicaid #: [REDACTED] RECEIPT# DCL: [REDACTED]  
 Address: [REDACTED] State: AL  
 City: Montgomery Zip: 36109  
 Telephone #: (334)399-5043

Parent/Guardian  
 First Name: [REDACTED] Last Name: [REDACTED]  
 Telephone #: (334)399-2612

**REFERRAL TO BE ENTERED WITHIN 5 DAYS.**

### EHS REFERRAL FORM REFERRING PROVIDER TAB

Patient Name: [REDACTED] SSN: [REDACTED]  
 County: Montgomery District: East Central  
 Employee: Godwin, Melissa  
 Program: DHR/Early Head Start  
 Date: 02/11/2019

**REMINDERS**

TRANSFER  
 Patient Information | Referring Provider | Reason | Psychosocial/Additional Information | Care Coordinator

REFERRED SOURCE  
 Referred by: DHR/Early Head Start, Inc.  
 First Name: MYRA Middle Initial: [REDACTED] Last Name: LAMAR  
 Address: [REDACTED] City: [REDACTED]  
 State: AL Zip: [REDACTED]  
 Telephone #: [REDACTED] Fax #: [REDACTED]  
 County of Referring Provider: Montgomery, AL

### REFERRAL FORM - REASON TAB

TRANSFER  
 Patient Information | Referring Provider | Reason | Psychosocial/Additional Information | Care Coordinator

REASON FOR REFERRAL  
 DHR/Early Head Start  
 DHR/EHS Day Care Center Provider  
 Auburn University-Family Day Care Homes, Inc.

**← SELECT THE EHS CENTER SITE**

## PSYCHOSOCIAL ASSESSMENT & CASE PLAN DEVELOPMENT

- ### Psychosocial Assessment
- The ADPH Care Coordinator completes a Psychosocial Assessment on each child receiving care coordination services
  - This assessment covers multiple aspects of the child/family's life including support systems, housing needs, parenting issues, medical/dental concerns, mental health, domestic violence, substance abuse, and educational needs, etc.

- ### Psychosocial Assessment
- The assessment is updated as needed and at least one additional time throughout the year

### Psychosocial Case Plan

- The Case Plan is developed with the parent/caregiver based upon information gathered from the assessment
- The Case Plan is reviewed with the parent/caregiver, 6 months from the date of initial case plan, and update As Needed
- A new Case Plan is completed annually

### MINIMUM DOCUMENTATION REQUIREMENTS

DOCUMENT	
INITIAL EHS REFERRAL	1X PER CALENDAR YEAR
PSYCHOSOCIAL ASSESSMENT	1X PER CALENDAR YEAR
PSYCHOSOCIAL UPDATE	1X PER CALENDAR YEAR
CASE PLAN ASSESSMENT	1X PER CALENDAR YEAR
CASE PLAN UPDATE	1X PER CALENDAR YEAR
REPORT TO REFERRING PROVIDER	FOLLOWING ANY SIGNIFICANT CONTACT * FOLLOWING EACH PATIENT EDUCATION SESSION
SSR	WHEN BILLING FOR SERVICES
PROGRESS NOTE	AS NEEDED

### REQUIRED CONTACTS

### CONTACT REQUIREMENTS

IS FACE TO FACE CONTACT REQUIRED ?



### CONTACT REQUIREMENTS

- | <u>EHS PROVIDER</u>   | <u>PARENT/CAREGIVER</u>   |
|---|---|
| <ul style="list-style-type: none"> <li>• 1 Face to Face visit at the Early Head Start Provider per calendar year</li> <li>• 1 additional successful contact with the EHS Provider by phone or face to face</li> </ul> | <ul style="list-style-type: none"> <li>• At least 1 significant (Phone or Face to Face) contact with the child's parent/caregiver per 90 calendar days</li> <li>• At least 2 face to face contacts with the child's parent/caregiver per calendar year</li> </ul> |

### Reminders about Steps Taken When an Initial Referral is Received

- After receiving the initial referral, the first contact should be with the referred child's EHS Provider
  - Inform EHS Provider of which children are eligible to receive services
  - Update the child's contact information
  - Obtain relevant information regarding the psychosocial needs of the child

### Reminders about Steps Taken When an Initial Referral is Received

- The second contact is with the child's Parent/Caregiver to discuss the care coordination program and the benefits of the program
- Contact the EHS Provider and the child's caregiver within 5 calendar days of receiving the referral

### Current Report to Referring Provider

### MODIFICATIONS BEING MADE TO THE CURRENT REPORT TO REFERRING PROVIDER For EHS Ca

- There will be specific questions on the report that will address specific patient education topics the care coordinator discussed with parent/caregiver by phone or face to face
- These topics are related to Child Health, Child Oral Health, and Child Development
- This is also how incentive items are provided to the Parent/Caregiver and EHS Provider
- Data will be collected from the submitted reports and shared with DHR

### SSR BILLING

- ALWAYS BILL TO THE PATIENT



### SUPERVISORS

#### WHEN AUDITING THE EHS FILE REVIEW

#### NOTE ON THE SSR FORM:

“Chart Audit Completed” or refer to the example SSR

**\*Additional Services to the EHS Curriculum  
Provided by ADPH Care Coordinators**

**Patient Education Modules include:**

- CHILD HEALTH & WELL BEING
- CHILD ORAL HEALTH
- CHILD DEVELOPMENT
- EARLY COGNITIVE BRAIN DEVELOPMENT (ECBD)

**DHR/EHS CURRICULUM**

- The DHR/EHS education curriculum includes
  - The Protocol
  - A Guidance Tool for Care Coordination Staff
  - Professional Resource materials to help better prepare care coordination staff in addressing topics with EHS Parent/Caregiver


**EHS CURRICULUM**

- Also includes
  - Patient Education Handouts
  - Information on how to access additional materials and incentive items to provide parents/caregivers
  - Access to Incentive items that help to promote overall positive child health and wellbeing


**DHR/EHS Curriculum**

- Can be used with the parent/caregiver for any child, ages birth through 6 years
- Can create a schedule for reviewing child health topics that is Individualized and meets the child's needs at any developmental stage

**Child Health & Well Being**

- The Care Coordinator focuses on Child Health by:
  - Assisting the family with establishing a Medical Home
  - Educating the parent/caregiver about the importance of the child receiving comprehensive and preventive health care services
  - Using Appointment Reminders and Monitor compliance with medical appointments 

**CHILD HEALTH MATERIALS** 

- Educational materials are from variety of sources and are evidence based
- Some of the sources include:
  - American Academy of Pediatrics – Bright Futures Program
  - Centers for Disease Control (CDC)
  - HealthyChildren.org 

## CHILD HEALTH MATERIALS

### Topics

- What is a Medical Home?  
(Patient/Family Centered Home)
- How a Patient Centered Medical Home Works
- Well Child Visits
- EPSDT
- How to Talk with the Doctor

## CHILD ORAL HEALTH

- The Care Coordinator focuses on Child Oral Health by:
  - Helping the parent to identify a Dental Home by the age of 12 months
  - Assisting with scheduling 2 preventative dental visits per year, if needed
  - Using Appointment Reminders & Monitoring Appointment Compliance


## CHILD ORAL HEALTH



- Educating parents on practicing good oral hygiene habits
- Developing routines for practicing good oral hygiene routines for children

## Education Materials for Oral Health

- Bright Futures – American Academy of Pediatrics
- Centers For Disease Control
- HealthyChildren.org

## BRUSH, BOOK, BED

Brush, Book, Bed (BBB) Program is to link together three important nighttime routines in one health message 

- Stresses the importance of nighttime routines 
- Focuses on improving the implementation of oral health services in the medical home
- Links oral health information to messages about early literacy and sleep 

**Why Healthy Teeth are Happy Teeth**

- Cavities happen when sugar and food hang out on your teeth.
- Brushing and flossing keep teeth healthy.
- Healthy teeth means a happy smile!

**Brushing:**


1 toothbrush = 2 minutes = 2x a day = 2x a week = 2x a month = 2x a year = 2x a lifetime

**Flossing:**

1 flossing thread = 1 flossing thread = 1 flossing thread = 1 flossing thread = 1 flossing thread

**Eating:**

1 apple = 1 apple = 1 apple = 1 apple = 1 apple

**Fun Fact:** An elephant's teeth are over 4 inches long and can weigh more than 4 pounds 



## Slide 47

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- t1 This slide doesn't make sense. Are you trying to say that the purpose of the BBB program is to link together three important night time routines in one health message? I would add "Stresses the" in front of "importance on first bullet.

test, 5/23/2019

**CHILD DEVELOPMENT AND EARLY COGNITIVE BRAIN DEVELOPMENT**

- **BRIGHT FUTURES – American Academy of Pediatrics**
- **Centers for Disease Control ( CDC)**
  - Know the Signs Act Early (Developmental milestones)
  - Early Cognitive Brain Development (ECBD)
  - Promoting ECBD through Reading (Reach Out and Read)
  - ASQ- 3
  - Incentive Items

**CHILD DEVELOPMENT AND EARLY COGNITIVE BRAIN DEVELOPMENT**

- **A variety of patient education materials have been included in the manual for the care coordinator to review and provide to the parent/caregiver of the EHS child**
- **Refer to the Child Health Sections in the Manual under Child Development and ECBD**

**Some Examples of Materials Used in the EHS Curriculum**

**READING PROMOTES EARLY COGNITIVE BRAIN DEVELOPMENT**  
*The Parts of a Parent Reader*



**1 Example of an Incentive item available which Promotes Early Cognitive Brain Development**



**TIPS FOR RAISING READERS**

SOURCE: ERIN WALSH [WWW.DRDAVEWALSH.COM](http://WWW.DRDAVEWALSH.COM)  
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**RAISING READERS STARTS LONG BEFORE BABIES CAN READ. GET STARTED TODAY**

**Talk talk talk. Talk with your baby a lot, even before she is able to speak. Because children learn to speak by copying the language they hear, they need talkative role models.**

**Read to your baby every day. Starting a tradition of reading right away makes it more likely to last through childhood. By reading to your child, they start associating reading with fun and togetherness.**

### TIPS FOR RAISING READERS

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**Keep the stories short. Don't force your baby or child to sit and listen to an entire book after they have lost interest.**

**Let your baby take the lead. He may prefer to read the same page over and over again or flip the book over and chew on the pages. No problem. Remember the goal is to have fun. Board books can take a lot of wear and tear.**

### TIPS FOR RAISING READERS

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#### MORE TIPS ....

**Don't shy away from poetry.** Rhyming and rhythm are great for babies and children.

**Be a ham.** Read with excitement and expression. Use different voices and sound effects and don't hesitate to act out stories. Being silly is part of the fun of parenting.

### TIPS FOR RAISING READERS

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#### MORE TIPS ....

**Editorialize.** Books for babies don't have a lot of words. Feel free to embellish, expand, and relate the stories to real life even if they aren't talking yet. "There is a doggy in this picture! What does a doggy say? Woof woof! Our doggy is black and white."

**Make it interactive.** If you ask a baby a question, remember that any sound she makes is a great answer!

### CASE CLOSURE REMINDERS

- **DHR EHSCCP referrals remain open for the length of time the child is enrolled in an Early Head Start Program that is participating in the grant**
- **The case will remain open as long as the caregiver accepts ADPH Care Coordination services**



### DHR EHSCCP Grant Coordinator

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