

GUIDANCE TOOL for DHR/EHS CARE COORDINATION SERVICES

ADPH will provide long-term case management services to referred EHS children ages 6 weeks old through 4 years of age in counties throughout the state of Alabama that are participating in the grant program. Referred children may be attending a Head Start Center or a Family Day Care Home.

The primary goal of Care Coordination services is to address the following areas:

- Help to ensure the referred child has an EPSDT screening completed at all required intervals.
- Monitor child's compliance with well child and EPSDT appointments with the Primary Medical Provider.
- Assess child's needs for a dental home, educate and assist in accessing dental services, and monitor compliance with treatment.
- Assess if the child and/or family have any other needs and link family to needed resources. (E.g. WIC, SNAP, TANF, Food Bank, FQHC, and Immunization Services, etc.)

A referral for EHS child will be entered in the Care Coordination Referral System (CCRS) and placed in the PHA Social Work Director /Manager's view to be assigned to a Care Coordinator (CC). The referral is to be assigned to a CC within 5 calendar days of receiving it.

CC will contact family and schedule an appointment time for the guardian and the referred child to meet with the Care Coordinator at the local county health department or local Head Start center to educate the parent/guardian about care coordination services and begin assessing the patient/family's needs. If the child's guardian is unable to meet face-to-face, the CC can schedule phone interviews with the parent to complete the psychosocial assessment.

During the initial face-to-face meeting with the parent/guardian, review the ADPH Release of Information Forms CHR-3 and CHR-6A with the parent/guardian and obtain necessary signatures authorizing the Care Coordinator to release and obtain health information. The parent/guardian needs to sign the **top and bottom portion of the CHR-6A**, authorizing the release of both written and verbal patient information to other individuals or to providers who can possibly benefit the child/family. Providers may include, but are not limited to the following: child's health care providers, Head Start staff, and the Alabama Department of Human Resources Child Care Division, the grant administrator.

***If Care Coordinator is unable to meet face-to-face with parent, mail the ADPH release forms to the parent/guardian for signature. The Care Coordinator may want to contact the EHS Family Services Coordinator and request assistance in getting the forms signed by the parent.**

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Required Documentation in ACORN

Electronic Referral

Enter an electronic referral in ACORN for the referred patient within 10 calendar days of receiving the referral. When completing the Referral Form, select DHR/EHS Grant.

Psychosocial Assessment

A Psychosocial Assessment is required on all DHR/EHS referrals within 30 calendar days making contact with the family. Update the child's assessment as needed. As updates are made to the child's Psychosocial Assessment, submit a copy of the updated assessment via fax or email to Family Health Services Bureau.

Case Plan

Develop the Case Plan with the child's parent/guardian within 30 calendar days of making contact with the family. Update the Case Plan as needed. The Case Plan Review is due 6 calendar months from the date of the initial case plan. Complete a new Case Plan annually.

Release of Information Forms

Obtain the parent/guardian signatures on the CHR-3 (Authorization of Services and Billing) and CHR 6A (Authorization for Disclosure/Request of Protected Health Information) annually. Request that the parent/guardian sign the top and bottom of the CHR 6A allowing ADPH to release both written and verbal patient information, if needed. Update both releases annually.

Provider Report

Complete a Report to Referring Provider within the first 30 calendar days of making contact with the family. Reports should be sent sooner if information is available or if a significant event occurs. (For example, the child relocates and will not be attending the currently enrolled Head Start Program or the child is diagnosed with a hearing loss and receives a cochlear implant.)

Submit subsequent Reports to the Referring Provider on a quarterly basis. A quarter is defined as 90 calendar days since the last completed report.

Progress Notes

Document all successful and attempted contacts with the parent and/or child, as well as contact with any other providers regarding the child. Documentation should also include information related to the child's progress, scheduled appointment dates with health care providers that are kept or failed, compliance with treatment, goals achieved and newly identified needs, and any identified barriers that are preventing the parent/guardian and/or child from achieving goals.

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Patient Contact Requirements

The Care Coordinator is to have **one meaningful phone contact or face-to-face contact** with child's parent/guardian **per 90 calendar days**.

The Care Coordinator may want to consider contacting the local EHS staff periodically to obtain information about the child's overall performance in the program and to discuss any concerns the EHS staff or Care Coordinator may have related to the child's overall health and well-being.

Length of Time Case Will Remain Open for Care Coordination Services

The child's case will remain open for the length of time the child is enrolled in the Early Head Start Grant Program.

Patient Billing

- Complete the SSR in ACORN.

Amount of Time Allotted for Care Coordination services per Enrolled Child

- 10 hours of Care Coordination for each enrolled child (566 total children) during the program year.
- If a child needs more assistance during the year additional time can be billed as long as the total billing does not exceed 5,660 hours for the entire state.

SSR Coding for EHS referrals

- SERVICE AREA : 45
- ACTIVITY TYPE: 4