Coordinator Handbook

Third Edition 2019

This handbook is available on the DHS C&TC Coordinator Website

For accessible formats of this information or assistance with additional equal access to human services, write to dhs.childteencheckups@state.mn.us, call 651-431-5655, or use your preferred relay service.
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General Information

About the Coordinator Handbook

The Child and Teen Checkups (C&TC) Coordinator Handbook:

- Provides information about the program and resources needed to perform administrative services.
- Outlines requirements based on state and federal statutes, rules, regulations, Minnesota Department of Human Services (DHS) program policy and the State Medicaid Manual.
- Offers guidance to assist staff in planning and providing administrative services to children and families.
- Assists staff to meet compliance objectives outlined in administrative services contracts.
- Serves as an important tool for staff orientation and training.
- Serves as a reference guide when implementing policy.

DHS welcomes feedback from handbook users to continue improvement.

This handbook should be used in conjunction with the MHCP Provider Manual, CATCH 3 User Manual, SharePoint and other resources found on the Child and Teen Checkups Coordinators webpage to assist in program planning, implementation of administrative services activities, evaluating and reporting activities.
Program Introduction

Definition
The federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, known in Minnesota as Child and Teen Checkups (C&TC), is one of the basic Medicaid services offering comprehensive health care that states are federally required to provide to eligible infants, children and young adults. States are not required to provide all optional Medicaid services; however, Minnesota offers the full range of health care services under Medicaid. In Minnesota, Medicaid is called Medical Assistance (MA).

Purpose
The purpose of the EPSDT Program is to provide comprehensive health care for children and teens, birth through age 20, who are enrolled in MA or MinnesotaCare (MNCare) by improving health outcomes.

Background
In 1967, title XIX of the Social Security Act was amended to include the EPSDT Program.

The EPSDT Program benefit includes:

- Comprehensive screening through well-child exams consistent with current standards of medical practice. The Minnesota schedule for periodic screenings is determined by DHS in consultation with the Minnesota Department of Health (MDH), Bright Futures and other expert advice, and is revised as standards for periodicity of visits and components change. Most states adopt the American Academy of Pediatrics (AAP) schedule as the gold standard in child health care.
- Diagnosis made at the time of screening or there may be a need for further evaluation or diagnostic services to other providers.
- Treatment or other necessary diagnostic health care measures that must be made available to correct or improve disabilities or health conditions discovered by the screening provider.

Administrative services assist eligible children and teens to access and receive comprehensive health care. See Administrative Services.

States are required to:

- Ensure that eligible families and children get information about EPSDT benefits and services to make informed decisions about participating in the program.
- Notify eligible children who are due for a periodic screening at appropriate times and children who have never been screened of the continuing availability of EPSDT services.
- Offer assistance with access to services if needed, such as appointment scheduling for screening and treatment, follow-up, transportation, interpreter services, and referrals to the dentist.
- Work with existing child health programs, such as the Women, Infants and Children (WIC) Program, to coordinate screening and other services.
- Assure a sufficient number of trained and enrolled providers for screening services.
The Omnibus Reconciliation Act of 1989 (OBRA-89) revised the EPSDT Program to:

- Require states to develop periodicity schedules that included vision, hearing and dental services.
- Provide inter-periodic screening services, which are screening services provided outside the recommended periodicity schedule.
- Permit participation by providers who could provide only some of the screening components.
- Cover services needed to correct or ameliorate conditions found as a result of a screening service.
- Not only provide EPSDT services, but also reach an 80 percent participation rate in screening services for eligible children due for at least one screening during the reporting year, according to the state’s current periodicity schedule.
- Report participation rates annually to the Centers for Medicare & Medicaid Services (CMS).
- Provide outreach and follow-up activities (C&TC administrative services) to eligible children and families. These activities were implemented by all states to encourage participation in screening services. This was the beginning of increasing efforts to reach the federal goal of 80 percent participation.

**Services**

**Direct services**: Screening, diagnosis and treatment services are direct comprehensive health care services received by eligible clients from medical providers.

- **Screening services**: These include a comprehensive health history, unclothed physical exam, age-appropriate immunizations, laboratory tests, health education and anticipatory guidance. In addition, developmental, social-emotional, mental health, oral health (including fluoride varnish), vision and hearing screening is required along with other age-related components. See C&TC Schedule of Age-Related Screening Standards.

- **Diagnostic and treatment services**: Federal law requires these must include “necessary health care, diagnostic services, treatment and other measures” that fall within the federal definition of medical assistance (as described in Section 1905(a) of the Social Security Act) that are needed to “correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services.”

**Administrative Services**: Administrative services include outreach and follow-up activities geared towards the eligible population to promote participation in screening and follow-up services. Administrative services are provided by local agencies under contract with DHS. Only MA recipients receive administrative services.

C&TC administrative services work plans include five main objectives. These objectives strive to assure that there is availability of health care services and resources and MA recipients and their caregivers have access to and effectively utilize these resources. All contracted administrative services activities fall under the following objectives:

1. Inform
2. Assist
3. Track
4. Coordinate
5. Recruit or educate
DHS is the responsible state agency for the C&TC Program and has the authority to contract with any agency to provide administrative services. The program is currently administered locally by 47 Community Health Boards (CHBs), which include all 87 Minnesota counties and four of Minnesota’s 11 Tribal Governments (Tribes). These public health agencies provide outreach and follow-up services to eligible children and families.

See Administrative Services for more information.

**Program Funding**
Funding for EPSDT administrative services is from federal and state funds, approximately a 50-50 split. The funding to reimburse direct services is separate from the contracted administrative services funding. Administrative contract funds may not be used to reimburse C&TC screening, diagnosis and treatment services or items such as clinic equipment or supplies.

Administrative services funding is based on the estimated number of eligible children each year found in the Administrative Services Bulletin, or Appendix A of the contract amendment documents. Agencies are allotted $26.50 per eligible child per year to provide administrative services.

**Additional Resources**
- Centers for Medicare & Medicaid Services (CMS) Overview, Benefits and State Responsibilities
- Centers for Medicare & Medicaid Services (CMS) State Medicaid Manual
- Code of Federal Regulations, title 42, subpart A, section 440.40
- Code of Federal Regulations, title 42, subpart B, sections 441.50-441.62
- Minnesota Rules, 9505.0275 Early and Periodic Screening, Diagnosis and Treatment
- Minnesota Rules, 9505.1693 – 9505.1748 Early and Periodic Screening, Diagnosis and Treatment
- Minnesota Rules, 9505.1739 Children in Foster Care
- Minnesota Rules, 9560.0600 Provision for Meeting Health Needs
Program Participation Rate

**Federal Goal:** The Centers for Medicare & Medicaid Services (CMS) has a participation rate goal of 80 percent for each state. Minnesota continues its diligent work towards that goal. The state CMS-416 report can be found on the [Child & Teens Checkups Coordinator webpage](#).

CMS has state-specific reporting requirements to determine annual participation rates. Each state must report data for the previous federal fiscal year (October 1 through September 30) annually to CMS by April 1 using the [CMS-416 reporting form and instructions](#).

**The CMS-416 EPSDT Participation Report**

This report provides CMS basic information to assess the effectiveness of EPSDT services for each state.

- Number of children provided child health screening service
- Number of children referred for corrective treatment
- Number of children receiving dental services
- State’s results in attaining goals set under section 1905(r) of the Social Security Act

**Based on one screening per child per year:** Even if a child is due for more than one screening in a year, credit is given when at least one screening has occurred. For example, infants in the first year of life have six visits on the [periodicity schedule](#). If seen just once for screening that year, the infant is counted as participating in the program for federal reporting purposes.

**Continuous enrollment:** Children must be continuously enrolled in MA or MNCare for at least 90 days to be counted on the report. For example, if a child is on MA from December 1 through December 30 and then again from February 1 through March 30, the child would not be counted on this report.

A categorically needy (CN) and medically needy (MN) line is found on the CMS-416 report. Individuals considered CN are in an income group that is eligible for MA, such as children up to age 18 with income equal to or less than 150% of the federal poverty guidelines. Individuals considered MN are those whose income is above the income limit but can “spend down” to the limit. They spend down by having medical bills that are equal to the amount of their excess income. Those lines may be disregarded as they have no importance for program staff; use “Total” report lines.

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1 When reviewing any CMS-416 report, disregard the CN (Critically Needy) and MN (Medically Needy). These are basis of eligibility. CHBs/Tribes should review the report line totals.
Minnesota’s participation rates

- The Minnesota participation rate and individual agency rates reflect all well-child or preventive care, whether billed as a C&TC or not.
- The important parallel to raising the participation rate is the quality of each preventive visit. CMS expects that the state’s preventive visits mirror the periodicity schedule with regard to both periodicity and component content. This means it is important to work not only to raise the participation rate, but also to ensure that all components are being performed according to current federal requirements and best practice standards.
- Providers must follow the periodicity schedule.

Additional Resources

Annual EPSDT Reporting Using the Form CMS-416

Minnesota CMS-416 Reports

CMS-416 FAQ
Roles of Program Partners

Coordinator

Each contracting CHB or Tribe in Minnesota has a program coordinator. Some coordinators have responsibility for more than one county, and some counties have more than one coordinator. See the County and Tribe Contact List for contact information.

DHS policy requires the Coordinator be a PHN, if possible. When a PHN is unavailable, the Coordinator should be a health professional with a nursing, health education or other health-related degree under the direct supervision of a PHN.

Coordinators are responsible for administrative services in their CHB or Tribe and may do many of the following activities themselves or supervise others who do them. Creating clear roles, depending on the size and needs of the CHB or Tribe, will ensure compliance with DHS policy, federal requirements and contractual agreements.

- **Contract:**
  - Ensure that the current approved CHB or Tribe contract requirements, (e.g., administrative services contract objectives), are being met
  - Seek DHS approval when changing work plan contract activities
  - Comply with all DHS reporting requirements
  - Provide administrative services orientation and training for new staff
  - Attend DHS and MDH trainings when available
  - Maximize funds to continually increase participation rate
  - Assist with CHB or Tribe administrative services billing in a timely manner (monthly, or no less than quarterly)
  - Monitor program expenditures monthly or, at minimum, quarterly
  - Plan local program continuity by establishing and maintaining written protocols for all required activities that ensure contract activities continue in times of staff transitions, etc.

- **Outreach:**
  - Provide timely information to eligible families and children about program participation and health care benefits
  - Identify families and children needing or requesting assistance with access to related services
  - Assist families and children needing or requesting access to services (e.g., make appointments, arrange transportation and interpreters)
  - Inform families of local provider information
  - Assist with access and provide follow-up on screening referrals for further assessment, diagnosis and treatment or determine if the child has received follow-up services
  - Provide effective community outreach

- **CATCH:**
  - Identify and track families’ interest to participate in the program
  - Keep program documentation (e.g. CATCH) per DHS instruction
  - Maintain program data security and backup, HIPAA compliance, staff training and cross-training to operate the main functions of CATCH such as downloads, letters and reports
• Providers:
  o Maintain provider list information on medical, dental, fee-for-service or Managed Care Organization (MCO), transportation, interpreter, alternate communication resources for vision and hearing impairments or English as a second language
  o Provide program information and training to screening service providers. For example, Coordinators may provide program information, health plans may provide billing information, and MDH staff may provide training on screening components as needed
• Collaboration:
  o Work closely with health plan representatives, MDH and DHS to coordinate services and program objectives
  o Coordinate with other child and health programs, including but not limited to WIC and Head Start
  o Participate in regional group meetings
  o Coordinate activities within CHBs and Tribes to increase effectiveness and maximize use of resources

Regional Groups
Coordinators and staff meet regularly to share helpful program information and work together on shared local interests and issues. There are currently six regional groups. These include the Metro, Central, Northeast, Northwest, Southwest/South Central and Southeast groups. DHS strongly recommends that CHB and Tribe staffs locate the regional group(s) nearest them and participate on a regular basis. These groups provide assistance and can be helpful for new staff to learn about the program and their role. The current Regional Group map can be found on the C&TC Coordinator website.

Providers
Providers play a central role in promoting preventive health care. The program emphasizes the need to avoid fragmented care and the importance of continuity. Providers can assist in reducing duplication of services by coordinating complete screening services with ongoing well-child care such as:
  • School entrance requirements
  • Early Childhood Screening (ECS) Program services
  • Camp or sports participation physicals
  • Family planning
  • WIC
  • Head Start and other early education
  • Child care
  • Immunizations
  • Initial prenatal visits
Providers:

- Perform complete screenings and document according to the C&TC Schedule of Age-Related Screening Standards using the current C&TC Provider Documentation Forms. The DHS-4813 series is available on eDocs.
- Provide inter-periodic screening services (not indicated on the periodicity schedule) when medically indicated which are allowed and reimbursable.
- Provide anticipatory guidance and instruct when next visit is due and importance of return.
- Identify and treat health problems and schedule a follow-up visit or refer to another provider for assessment, diagnosis and treatment when appropriate.
- Provide verbal referral to dental provider at eruption of first tooth or no later than 12 months of age and every visit thereafter. See the Schedule of Age-Related Dental Standards for additional information.
- Use appropriate referral codes on billing forms to:
  o Identify the claim as a complete C&TC screening
  o Ensure appropriate provider reimbursement
  o Identify referrals as a result of the screening which allows for CHB or Tribe assistance with referral follow-up services
  o Collect federally required data

Additional Resources

MDH Provider Training
MHCP Provider Website
MHCP Provider Manual
Provider Guide

Minnesota Department of Human Services (DHS)

DHS is responsible for the administration, oversight, implementation and organization of the program.

- Administration:
  o Contracts with health plans to administer C&TC benefits to eligible children
  o Contracts with CHBs and Tribes to provide administrative services:
    ▪ Create policy for CHB and Tribe contracts in compliance with federal and state EPSDT regulations and support program goals
    ▪ Monitor CHB and Tribe programs through contract oversight activities
    ▪ Coordinate and collaborate with related child health programs and activities (including but not limited to WIC and Head Start) to promote statewide goals
    ▪ Communicate and collaborate with agencies, providers, partners and families
• Oversight:
  o Ensure program compliance to CMS requirements
  o Provide technical assistance for:
    ▪ Administrative services
    ▪ Outreach
    ▪ Fee-for-service (FFS) billing
    ▪ CHB or Tribe onsite visits to monitor and promote program understanding, policy and goals
  o Manage health plan contracts for screening services
  o Collect data and run reports for evaluation and program planning purposes
  o Report statewide outcomes to CMS annually (on or before April 1) in compliance with federal reporting requirements
  o Manage, monitor, review and approve administrative services contracts

• Implementation:
  o Enrolls MA providers, provides technical assistance, training and reimbursement for MA FFS claims
  o Provider training and communication (direct screening services):
    ▪ Screening component training to public health and primary care providers (offered through an interagency agreement with MDH)
    ▪ FFS billing training
    ▪ Inform when new information available (e.g. billing and policy changes)
    ▪ Provider Remittance Advice (RA) messages, created as needed, for providers to give brief notice of policy information and billing practices
    ▪ Write and maintain bulletins, manuals and reports
  o Develop and provide support for the CATCH tracking system
  o Maintain paper and online resources for providers and CHB or Tribe staff
  o Partner with the Minnesota Developmental Screening Taskforce which works to promote coordination, alignment, and equity of developmental and social-emotional screening through collaborative efforts such as interagency workshops, training materials, policy development, and project advisement to assist public screening programs
  o Develop and supply basic program materials for use by providers, families, coordinators, health plans and others. See C&TC Materials and Ordering Information
Minnesota Department of Health (MDH)

DHS has an interagency agreement with MDH to provide a variety of C&TC training services, technical assistance and child health consultation.

Services

- Training
  - Prepare and conduct training session presentations for public and primary care providers on the various components
  - Notify appropriate groups about training schedule or content information such as providers, primary care clinics, county public health, coordinators, nonprofit or community clinics, tribal and Indian Health Services clinics, Head Start, school-based clinics, school health nurses, Early Childhood Screening programs and MCOs
  - Develop curriculum and training session materials as needed
  - Coordinate and assist with training needs as requested by CHB or Tribe staff, Head Start, school clinics, tribal providers and public and primary care health clinics in consultation with DHS

- Technical Assistance
  - Provide technical assistance to managed care and FFS providers, clinic managers, county staff, Head Start, tribal providers and staff, coordinators, MCOs and other eligible participants on components such as anticipatory guidance, hearing or vision screening, developmental and mental health screening
  - Provide consultation and technical assistance to coordinators, public health, primary care, and tribal governments to enhance effectiveness and coordination of outreach and screening services by:
    - Increasing Coordinator and PHN linkage
    - Increasing participant access to providers
    - Disseminate best practice models related to outreach. Consultation and technical assistance will be provided within the context of the Local Public Health Act and state and national goals. These activities may be provided through site visits, regional coordinator meetings, web-based platforms, phone conversations, workshops and conferences, newsletters and email correspondence.

- Consultation
  - Participate in meetings, workshops and workgroups with DHS to develop training session agendas, materials, schedules, joint presentation planning and other materials as needed
  - Provide consultation on new Coordinator or staff training and revisions or updates of materials such as the provider documentation forms, C&TC Fact Sheets and other related activities
  - Assist in establishing the state periodicity schedule and component standards
  - Work with DHS, national and state health professional organizations, and educational programs or institutions to build relationships and increase collaboration through increased communication and the development and implementation of ways to promote C&TC to health care providers
  - Assist as needed with preparation and participation in regional meetings sponsored by DHS
  - Partner with the Minnesota Developmental Screening Taskforce which works to promote coordination, alignment and equity of developmental and social-emotional screening through
collaborative efforts such as interagency workshops, training materials, policy development, and project advisement to assist public screening programs

- Provide intern and consultant activities including special projects such as contacting other states for their periodicity schedule information
- Conduct evaluation and report activities on services provided to DHS

**Training**

MDH provides a number of trainings to both primary care and public health providers.

The following trainings are outlined in detail in the Minnesota Department of Health (MDH) Training section:

- **C&TC Comprehensive Screening Exam Training (three day)**
- **C&TC Refresher Training Sessions (one day)**
- **C&TC Ad Hoc Training Sessions (training length varies)** including Best Practices, Adolescent and Young Adult C&TC, Fluoride Varnish, etc.
  - Best Practices (1-4 hours)
  - Developmental Screening Workshops (half or all day)
  - Vision and Hearing Screening Training (one-day session)
  - Online Training Programs
  - Developmental and Social-Emotional Screening Tool Training

Any questions or concerns with online training registration should be directed to health.childteencheckups@state.mn.us.

**Additional Resources**

- **C&TC SharePoint Site**
- **MDH C&TC Website**
- **MDH Child and Teen Checkups In-person Training registration & requests**
Developmental Screening Taskforce
A collaboration between the Minnesota Departments of Human Services, Health, and Education to coordinate staff development, policies and program information.

The goals of collaboration are to:
- Coordinate screening efforts (eliminate gaps, reduce duplication and improve communication across systems and programs).
- Eliminate gaps in identification of children who need further evaluation or assessment.
- Identify and address inequities in screening, referral, access to services and age of identification.
- Provide joint interagency recommendations for validated instruments, training materials and referral recommendations related to development and social-emotional screening.
- Provide joint interagency workshops and trainings to foster improved collaboration between local agencies such as public health, schools and other programs.
- Support community partnerships.
- Create a set of common standards for best practice in outreach, screening, referral and follow-up.
- Provide a comprehensive approach for evaluation of the effectiveness of the outreach, screening, referral and follow-up process.
- Collaborate on special projects, which promote each agency’s child health program goals that benefit children and families.

Managed Care Organization (MCO) Representatives
Health plans, sometimes referred to as MCOs, contract with DHS to provide coverage for health care services, which include C&TC screening and follow-up services to clients and families on MA.

There are currently seven MCOs in Minnesota:
- Blue Plus
- HealthPartners
- Hennepin Health
- Itasca Medical Care (IMCare)
- PrimeWest Health
- South Country Health Alliance (SCHA)
- UCare

Assistance Available to Families:
Health plans offer an array of services that help members access the care they need. These services include, but are not limited to:
- Help in accessing and finding providers (dental, medical, mental health and substance abuse).
- Transportation to and from screening and other health care services, as needed.
- Interpreter services, as needed.
- Access to TTY for hearing-impaired members, as needed.
- 24-hour nurse information line.
- Case management services for certain health problems such as asthma or high-risk pregnancies.
- Newsletters about coverage and other health-related topics.
Many health plans offer additional services to encourage members to access preventive care and lead healthy lives. Examples may include car seats, stop smoking programs, health handbooks and gift card incentives for receiving preventive health care.

**Assistance Available to Providers:**
Health plans assign program representatives to work with DHS, MDH, coordinators, clinics and others on issues related to the program.

**Health Plan Representatives may provide:**
- Ongoing technical assistance and training about billing, coding and reimbursement.
- Assistance with improving clinic flow and processes to capture all individual screening components.
- On-site program and component documentation requirements training (often conducted jointly with coordinators).
- Data reports and other program information.
- Contract provisions ensuring that requirements are fulfilled.

**Health Plan Representatives may also:**
- Collaborate with community partners, Head Start, local health departments and community organizations.
- Serve on state agency committees and workgroups.

**Additional Resources**
- Health Plan Contact Information
- Health Plan Service Area Map
- Blue Plus Billing Guidelines
- HealthPartners Billing Guidelines
- Hennepin Healthcare
- Itasca
- Primewest
- South County Health Alliance
- UCare
Eligibility

C&TC Program

There are two program requirements:

1. **Age** – birth through age 20
2. **Financial** – currently enrolled in MA or MinnesotaCare (MNCare)

All children who are enrolled in MA or MNCare are eligible for direct services. This includes periodic screening, diagnosis and treatment services from MA providers.

Outreach and follow-up (administrative) services from CHBs or Tribes is a benefit for MA recipients only. Eligible children are assigned to CHB and Tribes through the CATCH 3 tracking system according to their County of Residence (COR), County of Service (COS), County of Financial Responsibility (CFR) or Contract Health Service Delivery Area (CHSDA).

Eligible clients with questions or concerns can contact the Recipient Help Desk at 651-431-2670 or 800-657-3739 for assistance.

Health Insurance Assignments

Health Plan

Most children will be assigned to a MCO health plan within 30 days of MA eligibility. These health plans, under contract with DHS, provide health insurance to eligible children. A MCO may sometimes be referred to as a Prepaid Medical Assistance Program (PMAP), a Health Maintenance Organization (HMO), a managed care plan, or simply, health plan. Eligible children enrolled in a MCO must receive screening services from the health plan provider network. Provider claims for children enrolled in a health plan are billed to and paid by the MCO.

Fee-For-Service (FFS)

About 10 to 15 percent of children meet the exception criteria for groups not included in MCO enrollment, in which case they are assigned as FFS (sometimes referred to as “straight MA”). This means there is no health plan assignment and FFS MA claims are billed to and reimbursed directly by DHS. Eligible children with FFS status may receive services from any MA enrolled provider.

Exceptions to MCO enrollment

Article 3.1.1 of the [Contract for Prepaid Medical Assistance and MinnesotaCare](#) lists exceptions explaining why some children are not included in MCO insurance.

All children on MA, regardless of their health plan or FFS assignment, receive administrative services (outreach and follow-up) from CHBs or Tribes.

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2 All children who are enrolled in Medical Assistance (MA) or MinnesotaCare (MNCare) are eligible for direct services. Outreach and follow-up (administrative) services from CHBs/Tribes is a benefit for MA recipients only.
**Estimated Number of Children**
The estimated number of children for whom each CHB or Tribe is responsible is published in Appendix A. This number is based on the number of eligible children during the 12 months of the previous federal funding year.

**Children in Foster Care**
CHBs or Tribes must provide outreach and follow-up services for children in foster care. Out-of-home placement plan requirements include efforts to ensure oversight and continuity of health care services.

The local human services agency must discuss C&TC with the parent or guardian and help decide whether to accept services. If a parent cannot be consulted, the local human services agency must decide whether to accept the services for the child and document the reasons for the decision. Children in foster care receive the same services as other eligible children.

**Additional Resources**
- Centers for Medicare and Medicaid Services (CMS) State Medicaid Manual
- Federal State Medicaid Manual under 5121B
- Minnesota Rule 9560.0600 Provision for Meeting Health Needs
- Minnesota Rule 9505.1739 Children in Foster Care

**Provider Eligibility and Enrollment**
Providers must apply through DHS to be Minnesota Health Care Programs (MHCP) providers. Additionally, to be eligible for C&TC payment, providers must separately apply via a [C&TC Provider Agreement form](#). When the appropriate applications have been approved, they are given a provider identification number, MA and C&TC provider status and can begin billing for services.

C&TC providers must contract with health plans to be reimbursed for providing screening services.

**Additional Resources**
- Enrollment with Minnesota Health Care Programs (MHCP)
- Health Plan Contact Information
- MHCP Enrolled Provider Training
- MHCP Provider Call Center
- MN-ITS
- MN-ITS User Manual
Administrative Services

Administrative services include outreach and follow-up activities to enrolled clients and families and are provided by CHB or Tribes under contract with DHS.

Administrative outreach and follow-up services are different from direct services and are billed separately.

There are five main objectives of administrative services required by federal regulations:

- **Informing** families or children enrolled in Medical Assistance (MA) about eligibility and services
- **Assisting** families or children with appointment scheduling and follow-up on referrals made as a result of a screening. This includes assisting families or children with accessing transportation and interpreter services for both screening and follow-up appointments
- **Tracking** the participation response from families or children and annually reminding those who choose not to participate in the program that they are still eligible for services
- **Coordinating** with other community child health programs such as WIC (Women, Infants and Children Program)
- **Recruiting/educating** providers to meet child or family medical needs and follow screening guidelines

Current contracts, including work plans, between DHS and CHBs or Tribes outline how these objectives and other administrative services requirements will be met.

Each CHB or Tribe must document compliance with all required administrative services and submit annual reports to DHS. The CATCH system can assist with required documentation of the first three objectives.

**Additional Resources**

- Centers for Medicare and Medicaid Services (CMS) State Medicaid Manual
- Code of Federal Regulations, title 42, subpart B, section 441.56
- C&TC Coordinator Website
- CATCH Manual
- Minnesota Rule 9505.1736

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3 For additional language needs, contact your county Limited English Proficiency Plan representative
Outreach and Follow-up Requirements Flowchart

Goal is 80% participation in screenings

MA eligibility determined

Offer C&TC within 60 days (Children in foster care are eligible)

Enrollee accepts C&TC

Notify for each screening due

Screening complete

No Referral

Notify enrollee of next screening due

Enrollee declines C&TC (Can’t harass)

Enrollee undecided about C&TC

Provide C&TC information

Provide a list of C&TC providers on request

Continue screening due notification

Referral for diagnosis and treatment

Diagnosis and treatment complete

Diagnosis and treatment not complete

Provide names and addresses of diagnosis and treatment providers

Arrange transportation and/or schedule appointment for diagnosis and treatment, if requested

Enrollee accepts services

Send screening reminders

Offer assistance, if requested

Send screening reminders

Enrollee accepts services

Provide C&TC information

Provide a list of transportation services on request

Schedule screening appointments and arrange transportation within 10 days of request

Continue screening due

Screening not complete

Referral for diagnosis and treatment

Contact enrollee – determine if diagnosis and treatment complete

Do not contact

Enrollee has right to decline & request no further contact

“No” declines next scheduled screening only

Provide C&TC information

Offer assistance, if requested

Offer assistance, if requested

Provide C&TC information

Schedule screening appointments and arrange transportation within 10 days of request

Provide a list of C&TC providers on request

Continue screening due notification

Referral for diagnosis and treatment

Contact enrollee – determine if diagnosis and treatment complete

Provide names and addresses of diagnosis and treatment providers

Arrange transportation and/or schedule appointment for diagnosis and treatment, if requested

Notify enrollee of next screening due
Objective 1 – Inform
Inform families or children from birth through age 20 enrolled in Medical Assistance (MA) about the C&TC Program

Federal/State Requirements: Information about the program must be provided to enrolled children birth through age 20 or their families within 60 days of the eligibility determination. Families or children must be effectively informed using a combination of written, oral and face-to-face methods. Include information such as benefits of preventive health care, services available under the program, where and how to obtain those services, that the services are without cost to the eligible child and that transportation, interpreter, and scheduling assistance is available, etc.

Establish and implement a process to effectively inform foster care families/children.

Determine family response to program participation. Documentation must be kept which indicates that recipients have accepted, declined or are undecided about services AFTER receiving the information. Families or children which are undecided about participating in the program should be provided with additional information.

There are nine requirements for Objective 1. The following information is offered to assist CHBs or Tribes in meeting objective requirements.

Requirement 1
Maintain a current electronic list of eligible and newly eligible families and children. (CHB or Tribal Nation must know who the eligible population is to do outreach and follow-up.)

- Use the CATCH system according to DHS instructions
- Promptly run downloads after receiving email notification from DHS
- Maintain secure backup of data (See the CATCH 3 User Manual)

Requirement 2
Effectively inform newly eligible families/children about the benefits of participation in the C&TC Program within 60 days of eligibility determination. Use a combination of written, oral and face-to-face methods. Use clear, non-technical language at or below a 7th-grade reading level in all written communication. Provide communication through interpreter or translated written material when appropriate.

CHBs or Tribes must effectively inform children birth through age 20 who are enrolled in Medical Assistance about the program and their eligibility to receive screenings and benefits. Effective and prompt notification encourages screenings which could result in increased participation.

Notification activities to families should include:

- Information about and the purpose of the program.
- Available services and benefits.
- Reasons why preventive health care screenings are important to child growth.
- Local medical and dental provider information (address, telephone, days and hours of operation) who are accepting MA clients.
- Assistance with access of services, transportation and interpreter services, as appropriate.
- Information on local health resources as needed.
Methods used to provide outreach and follow-up to families and children

Letters

The CATCH system automatically generates four standard letters when due. In addition to the standard letters, outreach staff can create custom letters for targeted outreach to individuals or groups. (See the CATCH 3 User Manual)

All mailings to children and families should include offers of assistance with accessing services such as transportation, interpreters, finding a provider and making an appointment. These might include specific program inserts such as a brochure, provider and transportation lists, etc.

Introduction letter: This is the first letter notification to a new family after eligibility is determined.

Reminder letter: Sent to each child two weeks before the next screening is due. These mailings should include age-appropriate information on topics such as development and safety (DHS brochures).

Reminder Parent-A-Child (PAC) letter: Sent to the parent who is less than age 21 and who is also eligible to receive screening services.

Re-Notification letter

Families or children declining administrative services participation should not be contacted about the program for one year. No letters will be generated during this period. After one year from the time the “No” response was entered into CATCH, a Re-Notification letter will be generated and Reminder letters will resume as each child is due for a screening.

- Federal law requires that families who are not participating be re-notified that they are still eligible for benefits. The Re-Notification letter reminds the family they are still eligible to receive services and benefits. It is basically a repeat of the information in the introduction letter. There is no way to stop this letter from being generated when the one-year timeframe is up.
- Re-Notification letters are generated to the case after one year if no activity has occurred on the active case. This means the family will receive a Re-Notification letter if the following three conditions are met:
  - No outreach activity is recorded in the CATCH system for one year
  - No screenings were reported when one or more were due for at least one child (if any eligible child in the family received outreach, a Re-Notification letter would not be generated)
  - No outreach activity to the family occurred
  - No contact from the family was received
- If a contact has occurred, it is assumed that the family has been given appropriate program information and outreach and does not require a Re-Notification letter.

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4 All written information provided to families or children must be written at a seventh-grade level or below. The Flesch-Kincaid readability scale should be used to determine grade level. This function is available as part of Microsoft Word.
• If one C&TC screening shows on the case file at the end of the year, the CATCH system will not generate a Re-Notification letter.
• If the family no longer has a “No” participation designation in the CATCH system, a Re-Notification letter will not be generated.
• Outreach staff should treat the Re-Notification letter as they do the introduction letter and follow up with a phone call or other contact to see if the family has questions or needs assistance.

Phone calls
Outreach to families should include at least two phone call attempts following the Introduction and Re-Notification letters. Some agencies call following Reminder letters as well. Phone calls are made to families with referrals to follow-up on services needed and offer assistance.

These components are important in verbal outreach contacts made following letters sent:
• Verification that letter or information was received
• Review benefit information to verify services are available at no cost
• Review importance and benefits of preventive health care and regular checkups
• Review how to obtain a screening (call a provider and make an appointment)
• Remind client that outreach staff can assist with access to services such as finding a provider (send list if needed or requested), making an appointment, arranging transportation to/from appointment and assisting with interpreter needs
• Determine family’s participation response from contact conversation
• Inform that part of the outreach service also includes sending reminders when screenings are due and include age-related health information
• Provide other local resource information as the situation suggests or requires

Texting
Some CHB or Tribes are connecting with clients through texts. It is the responsibility of the CHB/Tribe to monitor compliance with all relevant federal regulations. Please check with your county or tribe attorney with questions.

Face-to-face contacts
These contacts might occur at WIC, home visits (through PHN visits, outreach staff visits), public health office, community outreach sites, at the time of financial eligibility determination, or other agency connections with eligible individuals and families.

Intake
Agency financial workers assisting families with the MA application process are in a key position to give a brief, introductory verbal notification of benefits. This can be done quickly in person or over the phone. It includes informing the client that they are eligible to receive important medical and dental benefits and will receive further information in the mail. If financial workers do this brief notification, this may help the family recognize the program when the introduction letter arrives or a phone call is received.
Postcards
There are different levels of risk with post card use which legal counsel can help identify. CHB/Tribes interested in sending postcards should consult with their legal staff on regulation compliance. Because of data privacy concerns, DHS does not endorse this activity. The CHB or Tribe assumes responsibility and accountability if postcards are used.

Interagency and Other Agencies
Outreach to interagency groups, like social services, is important to reach clients in a variety of ways. This may include activities such as presenting information to interagency staff at regular meetings, through printed materials, training presentations and evaluation/monitoring measures.

Group Presentations
These can be to a variety of groups such as WIC, Head Start, foster care parents, financial workers and supervisors, Minnesota Family Investment Program (MFIP) orientations, school nurses, parent groups, child care centers, educators, migrant workers, child protection teams, Early Childhood Family Education (ECFE), or any child health related group.

Multimedia and Advertising
Advertising in local multi-media formats, including social media, can be valuable outreach methods. There may be free community service advertising possibilities in radio, local cable TV or newspapers which can be explored and utilized. Multi-media advertising methods which involve use of administrative services funds must receive prior approval from DHS.

Community, County, Region
This includes activities such as special community or area outreach events, individual and group presentations and training and a range of collaborative efforts. Individual agencies utilize a variety of outreach methods to reach their population. Regular attendance at regional meetings is a good way to learn about the different types of outreach currently in practice.

Requirement 3
Foster care families or children must be informed through responsible CHB or Tribal Nation child case or social workers, foster care parents, or legally responsible guardians (see the CMS State Medicaid Manual). At least annually, inform foster care homes or institutions appropriate social workers of C&TC program services available to foster care children. Work with foster care child workers to develop a process to assure children in foster care receive C&TC information.

Outreach to children in foster care should include working with the social services agency staff to ensure that children receive appropriate communication about program benefits and notification of screenings and follow up. Each agency must find ways to effectively outreach to children living in foster care. In addition to basic activities, CHBs or Tribes might consider sending an annual letter to each family reminding them about the benefits for their foster child or children and providing outreach presentations to foster care orientation classes so new foster care parents learn about benefits.
The responsible agency’s efforts related to the out-of-home placement plan are to include:

- How to schedule initial health screens.
- Identifying known medical problems and additional needs determined by screenings.
- Monitoring and treatment of medical needs while in foster care.
- Determining how medical information will be updated and shared, including immunizations.
- Determining responsibility for coordinating and response to health care needs, including the role of parent(s), foster parent(s) and agency.
- Determining responsibility for oversight of prescription medication(s).
- Ensuring medical caregivers will be consulted and involved in treatment needs.
- Ensuring access to medical care through either insurance or MA.
- Maintaining health and immunization records, providing names and addresses of health and dental providers, medications, and other relevant health care information, such as insurance or MA eligibility.

**Federal language on children in foster care from the federal State Medicaid Manual, 5121B**

There is no distinction between title IV-E foster care families and others. For title IV-E foster care individuals, informing must be with the unit receiving the cash assistance (e.g., foster parent, administrator of institution). Many title IV-E foster care individuals are rotated frequently through foster care homes or institutions, and, in some cases, there are changes in foster parents, institution administrators or responsible social workers. It is to the individual’s benefit that informing be done initially, not only with the unit receiving the cash assistance, but with parties who have legal authority over or custody of the individual.

Informing encourages appropriate planning for the health needs of children. When informing foster parents or administrators of institutions, encompass all title IV-E foster care individuals in their care. Inform institutions or homes having a number of individuals annually or more often when the need arises, such as when changes in administrators, social workers or foster parents occur. If an individual is rotated through foster care homes, inform the responsible parties at the homes, unless previously done within the year for other foster care individuals. Annual contact establishes a relationship with the facilities to resolve possible difficulties.

**Requirement 4**

**Provide effective means to inform those eligible families or children who are blind, deaf or who cannot read or understand the English language.**

Outreach activities must ensure consistent notification to a child and/or parent of a child with limited English proficiency and/or with disabilities of their right to receive meaningful access to human services programs and equally effective communication. CATCH letters and other written communications sent to a child or family must include an ADA (American with Disabilities Act) statement. This communication must also be made available in languages other than English upon request from the family or child.

CHBs or Tribes that produce their own documents for outreach and follow up must include either the CHB/Tribe ADA statement or DHS ADA statement on documents distributed to the general public.
Legal Authority for Language Assistance Notice

- Section 601, 42 U.S.C. 2000d, and 602, 42 U.S.C. 2000d-1, of Title VI of the Civil Rights Act
- Department of Health and Human Services regulations, 45 CFR 80.3(b)(2)

Legal Authority for Disability Assistance Notice

- Title II of the Americans with Disabilities Act, 42 U.S.C. § 12131
- Department of Justice final rule, 28 CFR PART 35.106 and 35.160

Requirement 5

After effectively informing families/children about C&TC, determine if their response is “yes,” “no” or “undecided” about accepting C&TC benefits. Document their response in the CATCH system. New families will appear in the CATCH download as “U” or Undecided. If reached and a family remains “undecided” after receiving outreach, document/choose “undecided” in the detail list for that outreach contact. If not reached, leave “U” families as undecided in CATCH. Do not change the case status for the undecided unless a direct response has been received from the family. Never assume a “yes” or “no” response. Families/children declining C&TC services should not be contacted about the program again for one year. After one year from the time the “No” response was entered into CATCH, reminder letters will resume as each child is due for a screening. (A Re-Notification letter will also be generated if no screenings or case activity occurred during the year.)

C&TC Program participation response

The participation response indicator is shown on the case screen in CATCH in the field “wants C&TC.” It is identified by a “U” (undecided), a “Y” (yes) or “N” (no) in this field. All new families appear in the CATCH system as undecided or “U.” (Consult the CATCH manual for instructions on how to enter a response).

- It is never appropriate to assume a program participation response. CATCH standard and custom letters should never contain an assumption of a “yes” response. For instance, indicating in a letter that a “yes” answer to participation will be assumed unless the family calls and says otherwise is not acceptable.
- Letters and outreach contacts should never contain directions that say the family can call to say “no” to participation or receiving letters and information. Although it is true that declining is one of the response options for families, it should not be promoted.
- If no direct contact is accomplished, the family should remain undecided in CATCH. They will continue to receive system-generated letters and can receive additional outreach attempts.
- In CATCH, it is only the “no” response that stops letter generation. Families with an “undecided” response as well as those with “yes” responses will receive letters. The goal is to avoid “no” responses, if at all possible, since this stops all outreach for a one-year period.
- The family program participation response is determined just one time through direct contact.
  - If a family indicates a “yes” response, there is no need to re-determine a response in the future or with each contact. The family participation response remains “yes” in CATCH until and unless the family notifies a change of response.
If a family says “no”, CATCH will change the response back to “undecided” after one year. A family with a “no” response should not be contacted for one year; however, this does not impact their ability to receive direct service (C&TC appointments). At the end of the year, reminder letters resume as children become due for screening. The family may or may not receive a Re-Notification letter. See Objective 1, Requirement 2.

A “U” response entered in CATCH by outreach staff as a result of direct contact should remain unless the family calls to change it.

- New families are “undecided” until direct contact (voice or face to face) is made to determine participation status.

**Requirement 6**
Maintain dated documentation of families/children who are informed by written, oral, and/or face-to-face methods about C&TC Program. This documentation should be made in CATCH following the CATCH 3 User Manual.

**Requirement 7**
Remind eligible families/children in writing, orally and/or face to face when their next C&TC screening is due, according to the current periodicity schedule. Maintain dated documentation of all reminder activities. This requirement involves sending standard reminder letters generated by CATCH 3 to children due for a checkup. Reminder letters should include age-appropriate information on topics such as development and safety.

**Requirement 8**
Conduct periodic in-service training about the C&TC program as appropriate with local agency staff, social services/income maintenance staff, Women, Infants and Children (WIC), Public Health Nursing, etc. Promote, encourage, and inform staff about ways to assist in the informing of eligible families or children about the C&TC program and its benefits. Coordinators should educate agency staff about program benefits and encourage inter-departmental outreach and notification to eligible families.

**Requirement 9**
Other activities provided to meet this objective. CHBs or Tribes may find other activities in addition to the required activities to meet this objective.

**Additional Resources**
- Access Services
- Annual EPSDT Reporting Using the Form CMS-416
- C&TC Coordinator Website
- C&TC Fact Sheets
- C&TC Materials and Ordering Information
- Data Privacy
Objective 2 – Assist

Provide assistance for families and children to access C&TC services.

Federal/State Requirements: Within 10 days of a request, families/children must receive assistance with scheduling screening and referral appointments, and arranging transportation and interpreter services. Documentation must be kept that indicates recipients received assistance. Information about current C&TC providers, dental providers, transportation services, interpreter services, etc. must be available in writing. Offers of assistance with obtaining C&TC services or referral follow-up services should be included in all appropriate contacts with eligible families/children.

There are eight requirements for Objective 2. The following guidelines are offered to assist CHBs or Tribes in meeting objective requirements.

Requirement 1
Of the newly eligible families/children, identify those needing assistance with obtaining services. To identify families/children needing assistance, contact in writing, orally and/or face to face. Document all contacts in CATCH.

In order to provide assistance, staff must have methods in place to identify families and children in need of assistance. This is especially important for families new to the program. Information about the availability of assistance with making appointments, finding providers and arranging transportation or interpreters should be included in all contacts to newly eligible children and families, whether the contact is face to face, by phone or in writing.

Requirement 2
Assist families/children, who request assistance, with obtaining screening and/or referral services within 10 days of the request. Keep dated documentation.

Once identified, the child or family should receive the needed assistance as soon as possible or at least within 10 days of the request. Document all types of assistance in CATCH.

5 10 days from receiving request for screening or CATCH download
Requirement 3
Offers of assistance with obtaining C&TC screening or follow-up services should be included in all appropriate letters, telephone calls and face-to-face contacts with eligible families or children.

It is important to remind all eligible individuals and families that program staff is available to assist in accessing services. Every contact with eligible individuals and families should include information about the availability of assistance with making appointments, finding providers, and arranging transportation or interpreters as needed. All contacts should be documented in CATCH.

Requirement 4
Maintain and provide, upon request, a current written list of C&TC screening service providers (identify both fee-for-service (FFS) and Prepaid Medical Assistance Program (PMAP) Health Plan providers), dental service providers and vision and hearing screening providers. Include addresses, telephone numbers and service hours. Lists should be updated at least twice a year.

Provider lists: Provider lists are created and maintained by CHBs or Tribes to assist families with finding providers within the agency contract area. These lists should include:

- Medical providers who perform C&TC.
- Dental providers – indicate whether currently accepting new MA clients and, if not, when
- Transportation providers – health plans must offer transportation services to PMAP clients, and CHBs or Tribes are required to refer PMAP clients to their health plan. CHBs or Tribes should have a list of alternate transportation sources for FFS clients through their county/tribe transportation plan which might include volunteer drivers and local bus services.
- Interpreter Services – health plans offer interpreter services for members. For FFS, see the Access Services section in the MHCP Provider Manual.
- Alternate communication resources – for vision/hearing impaired, disabled or dual-language speakers.

Updating provider lists: Contact providers every six months to update lists and identify acceptance of new MA clients.

Provider lists should include the following information:

- Name, address, telephone number
- Acceptance of new clients
- Hours and days of service
- Identification of which health plan is accepted
- Identification of which providers accept FFS

Dental clinic information may change more frequently than medical clinic information. If a dental provider does not take new clients, ask when they will. If they say they will be able to accept new clients again in three months, this information should be included with their clinic information on the provider list, e.g. “not accepting new clients until September 20XX”. It is a good idea to call back at the specified time to see if they are actually accepting new clients when they indicated so you know the information you gave is accurate.

Coordinators can check the DHS Provider Directory for assistance when updating dental and medical lists.
If a dentist has the designation (in red) "Self-restricted provider not accepting new patients" by their name, this means that the provider has submitted the appropriate documentation to DHS and has reached the required 10% MA patient caseload and is not accepting new MA clients.

If a dental provider says they are at 10% and do not show the "Self-restricted provider not accepting new patients" designation, they should be reported to the Recipient Help Desk at 651-431-2670 or 800-657-3739, which tracks this information.

If there is a designation of "Critical access provider" by a provider name, it means the provider accepts up to 20% of MA clients in their caseload.

To look for community dental clinics, go back to the provider directory and choose "clinics" and then "clinic" as the Sub Type. (Community clinics and critical access providers see higher volumes of Minnesota Health Care Program enrollees.)

To promote health care stability, other resources can be provided to assist families and young adults. For example, referral to their health plan website, customer service phone numbers listed on insurance cards, etc.

**Requirement 5**

Maintain and provide, upon request, a current, written list of transportation providers. Include addresses, telephone numbers and service hours. Update list as needed or at least annually. Also, work with Health Plans to assist families in accessing transportation through their health plan.

See [Objective 2, Requirement 4](#).

**Requirement 6**

Maintain written list with information about alternate, available methods of communication such as sign language interpreter services, Braille, language interpreter services and translated materials. Update as needed or at least annually.

See [Objective 2, Requirement 4](#).

**Requirement 7**

Provide follow-up on referrals for diagnosis and treatment made during a C&TC screening to determine if child has received the referral services. Offer assistance, as needed, with making an appointment, transportation or interpreter arrangements, etc. To obtain screening referral information, run appropriate CATCH system report at least monthly. Keep dated documentation.

- Because of minor privacy laws, administrative services staff should not follow-up on children age 11 or older with a referral, which may involve confidential services. It is up to CHBs/Tribes to assure they are meeting minor privacy laws.
- The CATCH system does not allow screenings or referrals on children age 11 or older to show on the child screen. This is to prevent outreach staff from following up on referrals which may be the result of a confidential visit.
The referral data is captured in CATCH and will show on reports such as the OASR where only numbers are displayed. This data will not appear on reports with information about specific individuals.

Agencies that provide administrative services may follow up on screening services for children younger than age 11 without any restrictions.

Referral Fields in CATCH
CATCH shows information which includes a complete screening as well as a child preventive health visit. These preventive visits do not include all the components of a C&TC and are not billed as a C&TC screening. Other preventive visits included in the CATCH screening information are partial visits such as immunizations. (No referral codes should be used on these claims.) This is indicated in CATCH on the “Child” window under screening history:

- When the referral field is a “Y,” this indicates a complete screening was provided and a referral was made.
- When the referral field is an “N,” this indicates a complete screening was provided, but no referral was made.
- When the referral field is an “I,” this indicates a screening was not provided. A preventive visit was billed and represents a missed opportunity for a C&TC screening.

Requirement 8
Other activities provided to meet this objective.
CHBs or Tribes may find other activities in addition to the required activities to meet this objective.

Objective 3 – Track
Identify families and children who decline C&TC services and/or who do not participate in C&TC screening services.

Federal/State Requirements: Families/children may decline C&TC services at any time. If a family chooses not to participate in the program, they should not be contacted further about the program for one year. Agencies are expected to resume outreach to these families again after a year.

Families or children who are eligible for screening services, regardless of their initial response to the program, must receive re-notification about the program on an annual basis if there is no indication of any eligible child in the family receiving C&TC screening services.

There are four requirements for Objective 3. The following guidelines are offered to assist CHBs or Tribes in meeting objective requirements.

Requirement 1
Maintain dated documentation of families or children who say “no” to participation in the C&TC Program.
Families or children have a right to say they do not want to be contacted about C&TC and these families should not be contacted for one year.

- A “no” participation response in CATCH (“Wants C&TC” field) stops all letter generation to the family for one year from the date the “no” response is entered. A “no” response indicates the family declines participation in C&TC administrative services.
• It is never appropriate to tell families they can call and say no to C&TC participation; this should only come as a request from the family.

• If outreach staff receive more than just a very small percentage of “no” responses, it is time to review the outreach content/methods used and every effort should be made to improve the response results.

**Requirement 2**

After one year from the date the family said “no,” eligible children/families should again receive information about C&TC services and reminders about C&TC screenings due according to the current periodicity schedule. (Reminder letters will begin to be generated as children are due for a screening.)

After the one-year period ends, CATCH will remove the “no” from the field and replace it with “undecided.” Enrolled children in the family will begin receiving reminder letters as screenings are due.

**Requirement 3**

Families who have not participated in C&TC screenings for one year must be effectively re-notified of their eligibility to receive C&TC services. CATCH will generate re-notification letters to enrolled families who have not received any C&TC screenings or outreach contacts, letters, etc. (no case activity) for one year. These letters remind families that they are still eligible to receive C&TC benefits.

Federal law requires that families who are not participating be re-notified that they are still eligible for benefits. Re-notification letters are generated based on case files (like the introduction letter) after one year if no activity has occurred on the active case.

If a contact has occurred within the year and is documented in CATCH, it is assumed that the family has been given appropriate program information and outreach and does not require a re-notification letter.

The letter reminds the family they are still eligible to receive services and benefits. It is basically a repeat of the information in the introduction letter.

Some of the families getting a re-notification letter will be families who said “no” and have not received letters or outreach contacts for one year. However, if one screening shows on the case for that year, they will not get a re-notification letter even if they no longer have a “no” participation designation in CATCH.

Outreach staff should treat the re-notification letter as they do the introduction letter and follow it up with a phone call or other contact to see if the family has questions or needs assistance to access services.
**Requirement 4**
Other activities provided to meet this objective.

CHBs/Tribes may find other activities in addition to the required activities to meet this objective.

**Additional Resources**
Federal State Medicaid Manual under 5320.2

**Objective 4 – Coordinate**
To coordinate C&TC services with related programs.

**Federal/State Requirements:** C&TC must be coordinated with Women, Infants and Children (WIC) Programs. Referral of C&TC enrollees to WIC for determination of possible eligibility is required. C&TC must also be coordinated as appropriate with other child programs including Head Start, Maternal and Child Health (MCH) programs, public schools and immunization programs/registries. In Minnesota, this also includes Children’s Mental Health and Community Health Services.

**Requirement 1**
Refer appropriate C&TC enrollees to WIC for possible eligibility determination and appropriate WIC clients to C&TC. This is required.

C&TC and WIC clients are largely the same population so coordination of outreach efforts mutually benefits both federal programs. Outreach staff should refer clients to WIC for determination of WIC eligibility. WIC clients, in turn, should receive outreach for C&TC or be referred to program staff for additional information. Strive to build collaborative relationships while maintaining data privacy laws to maximize outreach efforts.

**Requirement 2**
Head Start

Head Start serves a majority of children on MA, and the program must follow state EPSDT standards. Each Head Start agency has a Health Coordinator/Manager that can be a helpful resource for outreach collaboration efforts. There are many activities where outreach can occur (open house, parent meetings, classroom activities, health/resource fairs, or sent in children’s backpacks). The Coordinator/Manager can assist in finding ways within the local program to provide outreach to families.

**Requirement 3**
Immunization Registries

CHBs/Tribes should work to coordinate outreach with local immunization programs.

**Requirement 4**
Public Schools (e.g. Early Childhood Screening)

CHBs/Tribes should work to coordinate outreach with local public schools or programs.
Requirement 5
Maternal Child Health (MCH) Programs (e.g. home visiting if appropriate)

CHBs/Tribes should work to coordinate outreach with local MCH Programs and activities such as new baby visits, public health nurse family home visits and disease prevention and control.

Requirement 6
Other (Children’s Mental Health, Housing Programs, Information and Referral Services, Health Related Services, Daycare, Support Services (e.g. transportation, health education, counseling), collaborative activities, health fairs, etc.)

CHBs/Tribes should identify other child-health related programs available in their contract area and coordinate outreach with those programs.

Objective 5 – Recruit/Educate
Recruit and train local providers about the C&TC Program.

Federal/State Requirements: States are required to take advantage of all resources to deliver C&TC services in order to assure a broad provider base to meet the needs of the eligible MA enrollee population.

Agencies are required to do outreach to provider clinics to promote, encourage compliance with program requirements, assist in the assessment of training needs, assist in the coordination of outreach and training with Minnesota Department of Health (MDH), Minnesota Department of Human Services (DHS), health plan representatives and other agency coordinators as appropriate, to act as a referral source and to offer program technical assistance as needed.

Requirement 1
Contact local providers, at least annually and as often as necessary, to provide information about the C&TC Program and related training opportunities. Assure availability of C&TC services, using a combination of methods, such as a substantive clinic visit annually, telephone calls, emails and mailings (e.g. newsletters, update memos, etc.). Promote use of provider documentation forms to capture all C&TC components.

A face-to-face visit is best to establish a working relationship with clinic staff. See C&TC Coordinator Role in Provider Outreach section for more information.

Requirement 2
Coordinate clinic outreach with local health plan representatives and other C&TC Coordinators as appropriate to promote consistent messages and reduce duplication of outreach, assessment and training services.

Coordinators should synchronize efforts, whenever possible, with health plans about available outreach and training to providers. Health plans have clinic billing representatives to assist in resolving billing issues and provide staff billing training. Health plan representatives may also visit clinics for program outreach and training. If possible, plan assessment and/or training visits with at least one health plan representative. This can result in
more in-depth training and include specific health plan information. Please remember the billing requirements for FFS and each health plan may be different.

**Requirement 3**
Identify C&TC provider training needs and coordinate training with MDH, health plan representatives and/or other C&TC Coordinators as appropriate. Act as a referral source, offer technical assistance or respond to requests for assistance as needed and/or conduct training.

Clinics may need general program training or more specific component training like vision or hearing. Provider outreach staff is qualified to do any program overview training necessary for clinic staff. For specific component training, MDH, under contract with DHS, provides opportunities at various times and locations throughout the year. They also provide ad hoc training, as needed. See the MDH’s [Child and Teen Checkups In-person Training registration and requests](#) webpage for training schedules and registration information.

**Requirement 4**
Inform providers of the [Minnesota Health Care Program Provider Manual – C&TC Section](#). Provide web links to each provider with related C&TC information. For providers needing additional information, coordinate with local health plan representatives to provide essential contact and program information.

**Requirement 5**
Act as a referral source for C&TC provider billing issues, e.g., refer providers to the billing information section and resource telephone lists for health plan representatives. For fee-for-service questions or issues, refer providers to the [Department of Human Services Provider Call Center](#) at: 651-431-2700 or 800-366-5411.

It is helpful for Coordinators to know the basics of billing and should always refer in-depth questions to the health plan (MCO billing) or DHS (FFS billing). The main billing role of the provider outreach staff will be one of resource information, and it is helpful to have FFS and health plan billing resource contact information to share with providers.

**Requirement 6**
Maintain current C&TC medical and dental provider lists. These lists should be updated as needed or at least twice annually.

See [Objective 2, Requirement 4](#).

**Requirement 7**
Other activities provided to meet this objective.

CHBs or Tribes may find other activities in addition to the required activities to meet this objective.
C&TC Program Administrative Services Protocols

Written protocols set important standards of practice that can help outline outreach and follow-up duties. It is important for every agency to create protocols that:

- Establish written standards for administrative services contract activities.
- Describe outreach and follow-up services.
- Assist in training new staff.
- Assure continuity and quality of administrative program services.
- Set standards with subcontracting partners providing outreach activities.
- Provide principles for consistent program documentation and reporting.

When writing protocols, refer to the contract work plan which outlines agreed-upon activities to meet program objectives and contract requirements. Protocols should describe in detail how these activities will be accomplished at the local agency.

Example: the agency work plan states “reminder letters will be sent to children due for screening.” The protocol needs to communicate the details of how this activity will be performed at the agency and identify staff involved.

Example of protocol detail:

- To receive updated recipient data, Staff “A” will run monthly downloads promptly
- Using instructions from the CATCH 3 User Manual, Staff “B” will run a letter batch every morning. (CATCH generates reminder letters two weeks before a screening is due)
- Staff “B” will print daily letter batch using print process options which filter the batch for different languages and ages and stops batch printing at these intervals
- Staff “C” will remove each batch of different age and language letters from printer, add age-appropriate information to each reminder letter and add appropriate translated letter to any English letter identified as needing one
- Staff “B” will then insert the letters and enclosures into agency business-size envelopes, seal the envelopes and deliver to mailroom

Some general points when writing protocols:

- Protocols should reflect the individuality of each CHB or Tribe in providing administrative services
- Protocols expand in detail the CHB or Tribes’ contract obligations so each involved staff knows how to do their job and be compliant with program contract requirements
- Protocols partner with job descriptions to clearly define roles and tasks – always use job titles not employee names
- It is important to have more than one person trained to do a certain activity (CATCH duties)
- The approval and responsibility for implementation of CHB or Tribe protocols belongs to the contract authorized representative and Coordinator
- Protocols should be reviewed annually and updated as necessary
Administrative protocols should answer and explain the why, what, who, where, when and how questions of program compliance. Some basic types of information to consider include:

- Purpose and outcome
- Description
- Duties of staff
- Timeline for completion
- Procedures for possible follow-up
- Documentation
- Date written
- Reference other policies and sources of authority such as DHS, as appropriate
- Next review/revision date
- Any provisions to maintain and assure confidentiality

**Record Retention**

DHS requires a six-year retention policy. This means all supporting documentation for each contract cycle be kept six years. This may include various versions of information such as electronic, paper, CATCH data and annual program reports. Always consult your internal Legal Department for the record retention policy, as it may be different.

The administrative services contract is a three-year cycle so information should be kept for nine years (the three years of the contract and six years after the contract ends). For example, the 2017 contract period ended Dec. 31, 2017, and therefore all contract and supporting documentation would need to be kept through Dec. 31, 2025. This contract information could be destroyed as of Jan. 1, 2026.

**Contract**

Currently, DHS contracts with 47 Community Health Boards and four tribal governments. This CHB or Tribe contract arrangement:

- Promotes a direct working relationship between DHS and county and tribal public health agencies.
- Encourages multi-county CHBs to work in cooperation for funding planning and use in providing greater unification of regional outreach and follow-up services.
- Allows multi-county CHBs flexibility with staffing assignments across county borders.
- Offers opportunities for CHBs or Tribes to consider joint contract arrangements to simplify and streamline services.

**Administrative Services Bulletin & Memo**

DHS issues a C&TC Administrative Services Bulletin at the beginning of a new contract cycle. The bulletin gives program background information, highlights any program changes and describes contractual requirements.

A memo is issued for consecutive contract years containing all relevant information mentioned above.
Administrative Services Contract Process

Contract Review Process

- All communication with CHBs or Tribes is made electronically, unless otherwise noted.
- CHBs or Tribes send completed contract materials to dhs.childteencheckups@state.mn.us by specified due date.
- Contract documents are reviewed by DHS in the order received.
- Contractors are informed via email if additional information or materials are needed for process completion.
- When all materials have been approved by DHS, they are sent to the CHBs or Tribes for signature.
- The CHB or Tribe must obtain original signatures from authorized representatives.
  - As indicated, submit a copy of the current Board Resolution regarding authorized signatures.
- The CHB or Tribe signed copy is sent to DHS for signature including any attachments.
- After signed by DHS, one complete set of signed original documents is sent via the U.S. Postal Service to the CHB or Tribe.
- If a budget is revised after a contract has already been signed, the updated forms require signatures.
- Contracts must be finalized and signed by both the Contractor and DHS no later than December 31 of each year.
  - Contract work cannot begin, per state law, until a signed contract is in place. **Contracts that are not signed by all parties by December 31 are prorated according to the actual term of the contract, and billing cannot commence until the date of signature.**

Contract Amendment Process

A contract amendment is a written, unilateral or mutually agreed upon change to a contract. A contract amendment may introduce or cancel specifications or terms of an existing contract while leaving its overall purpose and effect intact.

A contract amendment must be processed anytime a change needs to be made to the language of an existing contract. The amendment must meet the same legal requirements as the original contract. To initiate a contract amendment, the Contractor must submit a request to amend the contract. DHS will make a final determination whether or not a contract amendment is required. If required, DHS will develop the contract amendment and forward an original copy to the contractor with instructions for signatures.

The CHB or Tribe signed amendment must be submitted to DHS for signature. DHS will return a fully signed copy of the contract amendment to the contractor.

Subcontracting Process

A subcontract is a contract between the original contractors and a third party that assigns part of the performance of the original contract to the third party.

CHBs or Tribes are allowed to subcontract portions of their contract work to other entities and qualified persons to improve or expand the provision of outreach to eligible children and families. The subcontracting option gives CHBs or Tribes greater flexibility to pursue creative ways to use available administrative services funds in providing outreach and in reaching program goals.
A CHB or Tribe wishing to enter into a subcontract must submit a completed and current Administrative Services Subcontracting/Consulting Costs Information Form for review and approval by DHS.

**Annual Budgets**

Budgets are determined by the number of estimated eligible children by county or tribe of residence and financial responsibility as found in Appendix A or A1.

- Multiply the total eligible child number by $26.50 to determine the amount available.
- CHBs or Tribes should budget for the full available amount to reach maximum program participation.
- All equipment purchases require prior DHS approval regardless of projected amount of purchase and must demonstrate cost effectiveness of the purchase. Equipment and other items purchased must be used solely for the program or the cost must be prorated among programs sharing the equipment.
  - Equipment purchases include items such as computers, printers, laptops, headsets and office furniture. Clinic equipment is not included since checkups are part of direct services – not administrative services. Administrative services funding may only support outreach and follow-up activities.

Up to 10% or $10,000, whichever is less, of the total Administrative Services Agreement budget may be moved to other line items within the budget without prior DHS approval. **Exception:** Equipment purchase.

**Equipment Purchase Process:**

To request approval, email **dhs.childteencheckups@state.mn.us** with the following information:

- Purpose or justification of purchase
- Product use
- Cost allocation
- Equipment description
- Estimated cost, including shipping and handling and tax as applicable

**For computer requests:**

- Follow guidelines as above
- Identify whether it is an additional or replacement
- Include specifications and any other pertinent information
- Use guidelines from the CATCH 3 Equipment Requirements (page 9) in the [CATCH 3 User Manual](#) to guide computer purchase
- Cost allocation

DHS will review and either approve or request additional information for clarification.

**Budget Revisions**

All budget revisions exceeding 10% or $10,000, whichever is less, of the total approved budget require DHS approval.

- The Contractor must request to revise the approved budget.
• Adjust all totals in revised budget as necessary, including adjustments to indirect cost as needed. Budget changes should be made in red font. A multi-county CHB should submit a revised CHB budget, not a revised individual county budget.

• DHS will notify the Contractor of its decision. If approved, DHS will include a copy of the approved budget and instruction for original signature and submittal back to DHS for signature.

Use of Administrative Services Funds
Administrative services funding must only be used to support outreach and follow-up activities. Three areas are outlined below. Contact DHS staff for further clarification, as needed.

Outreach Supplies
Outreach items may be purchased with administrative services funds to encourage participation of all ages. Current year funds can be used to purchase items that will be used in the upcoming year. Marketing items are a form of program advertising and should serve as reminders to families about C&TC and who to call for assistance in accessing services.

Items should be:
• Low in cost
• Preventive health related
• Must include the following basic information on each item:
  o Program name or logo
  o Outreach telephone number or web address

See the C&TC SharePoint site for examples of pre-approved outreach items.

To submit an item for approval, follow the step-by-step instructions in the document Outreach Approval Process listed in the Approved Materials library on the SharePoint site.

Items donated by corporations, foundations or other sources may be distributed by administrative services staff as outreach items, if appropriate. Because these items are not purchased with C&TC funds, they may be used at the discretion of each CHB or Tribe. These items are not required to have C&TC information on them.

Funds may not be used for gift certificates or coupons for purchasing food or other items to give to a family as a reward for having received services.

Contact dhs.childteencheckups@state.mn.us with any questions about the approval process.

Advertising
 Funds used for advertising should target all ages of the eligible population relevant to communities. Additionally, formats and venues of advertising should be community and population based. It is acceptable to share advertising costs with other counties or tribes, as appropriate. For example, efforts created by marketing agencies for use with social media, email, etc. Advertising paid for with administrative services funds should focus on program benefits such as the importance of regular, complete screenings. If focused on a single health,
safety topic or screening component, it is important to keep it focused within the context of the benefit of a complete screening and the program.

**General Info**
For outreach supplies and advertising, the logo must be clear (not stretched or distorted), correct use of Child and Teen Checkups (C&TC) name, sensitive to color blindness, minimal wording, and reading level as indicated Methods used to provide outreach and follow-up to families and children on Page 24.

Seasonal images can be used; however, images with symbols promoting one religion is prohibited. For example, a picture of children playing in the snow could be used during the winter season, but not a picture of a Christmas tree.

**Training**
Training funds may be used without pre-approval for any C&TC-specific training sponsored by DHS, MDH and MDE. Use of training funds includes registration, associated travel, and food expenses.

Other types of training requests must receive pre-approval from DHS. The training being requested must have direct relevance to performing administrative services. Submit requests to dhs.childteencheckups@state.mn.us with training agenda, relevance to C&TC, attendees, and cost.

Some training funds may be used in provider outreach to provide food or refreshments at meetings or trainings. These costs should be kept to a reasonable and limited amount.

**C&TC Administrative Services Billing**
Billing for administrative services, such as outreach and follow-up activities, are provided by CHBs or Tribes through contract with DHS. Bill up to the approved current year contract funding amount for actual services provided. Unused contract funds cannot be carried over from one budget year to another. It is important to maximize available funds each budget year to reach program goals.

Each CHB or Tribe enrolls in Minnesota Health Care Programs and is assigned an NPI or UMPI number through DHS Provider Enrollment. A CHB or Tribe may have more than one NPI or UMPI number as they may provide more than one MHCP service. The administrative services account is assigned a unique NPI or UMPI number which is required on the Contractor Information sheet (Appendix B) from the Bulletin. To bill and be reimbursed for administrative services, it is necessary to use the unique 10-digit NPI or UMPI number.

If for any reason the 10-digit NPI or UMPI number changes during the contract period or for general billing questions for administrative services, contact dhs.childteencheckups@state.mn.us.

All claims for administrative services should be submitted to DHS electronically through MN-ITS. The administrative services HCPCS code **X5623** must be used.

Claims may be submitted up to one year from the date of service; however, contractors are strongly encouraged to bill DHS for administrative services on a monthly basis or at the very least quarterly. Refer to the current year submitted Appendix B for specific information.
Claims can only be paid up to the approved contract amount. In the event activities exceed the available contract amount, these expenditures should be recorded on the annual expenditure report (Appendix G). This information helps DHS demonstrate a need for additional funding.

C&TC Coordinator Administrative Services Billing Assistance
For assistance with administrative services billing questions, contact the Provider Call Center with your NPI or UMPI number. You may also send your questions to: dhs.childteencheckups@state.mn.us.

C&TC Administrative Services Evaluation & Annual Reporting Requirements

Evaluation
Program evaluation is an important continuous improvement activity for every CHB or Tribe. In addition to the annual program reports that are due each spring, coordinators should check program progress throughout the year at times determined by the CHB or Tribe.

Evaluation to track the progress toward reaching program goals will allow coordinators time to adjust activities and plans as necessary. Checking quarterly budget reports will allow better tracking and management of annual funds. This is especially important in the third quarter so potential unused funds in one line item can be put to good program use in another.

There are a variety of methods coordinators can use to evaluate the program and the provision of administrative service requirements. Some of these resources are:

- **CATCH Reports** (See CATCH 3 User Manual for additional information)
  - Outreach Activity and Summary Report (OASR)
  - OASR Companion Report
  - Referrals Report
  - Referrals Not Completed Report
  - Screenings by Provider/Clinic Report
  - Screenings Not Done Report
- **CMS-416 Reports**
  - C&TC participation rate county/tribe participation rate comparison reports
  - Race/Ethnic Groups Participation Reports
  - Foster Care Report
- **Other self-monitoring activities** such as meetings with supervisor or contract manager, evaluation of activities such as WIC or other special outreach efforts, other internal reports and evaluation methods
- **CHBs or Tribes using subcontracts for some outreach activities** must have an evaluation component in place for measuring the outcome of those activities

Annual Reporting Requirements
CHBs or Tribes are required to document administrative service activities for contract compliance purposes. Annual reports are completed each spring for the previous calendar year. These reports help CHBs or Tribes and DHS monitor both the extent of effort and the results by the individual CHB or Tribe in meeting program requirements and goals.
DHS reviews the annual reports process and associated documents annually and sends to CHBs or Tribes in early spring. The due date will be verified when the revised reports are sent. Please be sure to use the correct year reporting forms.

CHB or Tribe documentation is important to:
- Track and record program activities.
- Provide evidence for meeting contract obligations.
- Determine the effectiveness of outreach.
- Program planning and reporting.
**CATCH 3**

**Overview**
The CATCH software assists in tracking administrative services activities. CHBs or Tribes are required to document all activities for each of the five program objectives. Other local means of tracking should be in place for the fourth and fifth objectives because CATCH 3 does not provide documentation for these objectives.

CATCH 3 is a Windows-based tracking system. When a letter batch is initiated by the user, CATCH generates standard outreach notification letters to families and children when screenings are due. It can also generate custom letters created by users, run a series of standard reports and offers the ability to select numerous query choices and create custom reports. Users should document and track all outreach and referral follow-up contacts with families.

The name CATCH was derived from the program name, Child and Teen Checkups. It assists coordinators and staff to “catch” or track outreach and follow-up contact data. The 3 indicates the third tracking software format to be developed and used for C&TC. CATCH 3 can be abbreviated as C3.

**CATCH 3 User Manual**
This resource provides step-by-step guidance for using CATCH. CHBs or Tribes should identify staff positions to perform the main CATCH functions such as monthly downloads, letter generation, reports, data backups, and administrator editing function of changing user information when needed. The [CATCH 3 User Manual](#) needs to be part of every Coordinator and outreach staff orientation.

**User support**
The [CATCH 3 User Manual](#) includes problem-solving tips. If local technical staff cannot find solutions to problems in the CATCH 3 User Manual, please contact: dhs.catchsupport@state.mn.us and dhs.childteencheckups@state.mn.us.

**Equipment Requirements**
For CATCH to function properly, users must have the equipment configured and set up correctly. Direct questions to: dhs.catchsupport@state.mn.us and dhs.childteencheckups@state.mn.us. Equipment purchases need DHS approval.

**Data Backups**
It is the responsibility of every CHB or Tribe and Coordinator to ensure that program data is secure. This means working closely with local IT staff to perform back up of the CATCH database (since it is housed locally). Some databases are stored on an individual computer while others are stored on an agency network drive.

Good data backups are essential to program integrity. If data is lost it may not be retrievable for program reports, accountability and contract compliance. DHS cannot replace an agency’s documented outreach activity data. That is stored on the local database. The only data that can be restored by DHS is up to five months of download information.
Here are three methods to back-up CATCH data:
- Hard drive (local computer) through CATCH Program
- Network, if available
- Flash drive

It is recommended that three backup methods be utilized to ensure local program data security. For complete instructions on how to backup data using three methods, see the Technical Tips section of the CATCH 3 User Manual.

Current standard and translated letters
The CATCH program comes complete with standard outreach letters. Local CHB or Tribes may edit letters to include local contact information, etc. However, if sentences are edited to use different words or phrases, it is important to keep the basic content of the letter at a seventh grade or lower reading level. Use the “Save As” function when editing so the original letter copy is always available.

Copies of the original standard letters in English are found in the CATCH 3 User Manual. There are translated versions of these letters in the following languages:
- Hmong
- Russian
- Somali
- Spanish
- Vietnamese

Letters are available on eDocs and the MDH SharePoint site.

When sending translated letters, always include the English version as well, since there may be slight variations in the translations.

Note: After April 15 of each year, no new entries or data changes can be made in CATCH for the previous year. CATCH also does not allow future dates to be entered since outreach should not be documented in advance of its occurrence.

CATCH Monthly Download Emails
Each CHB or Tribe receives an email notification when the download is available. Always read the download memo and email.

The download email may contain information about CATCH or requests for action needing to be performed by program or technical staff.

Download emails are sent to Coordinators and other identified staff. Coordinators have the responsibility to identify the appropriate technical and program staff who need to be on the CATCH download distribution list. To update the email list, contact dhs.childteencheckups@state.mn.us.
Information for New C&TC Coordinators and Staff

Local CHBs or Tribes have the responsibility to train and orient new program staff in their agency. CHBs or Tribes are expected to provide administrative services and CATCH training. This immediate training is essential for the continuity of administrative services including the necessary details to meet contract requirements.

Program orientation or training tools and resources:

- Contracts and Attachments (such as the work plan)
- **SharePoint**
  - This site is a resource for C&TC Coordinators and staff to access training materials that are MDH and DHS approved, submit outreach and marketing materials for DHS approval, ask questions, and have discussions and view important dates.
    - To gain access to this site, contact DHS for access: dhs.childteencheckups@state.mn.us
      - Include name, email address, purpose for using the site
      - DHS will approve access and forward information to MDH
      - Email with link to site sent to user
      - Follow link from email to log in
        - If there is trouble getting to site, contact your internal IT department
          - If unable to resolve locally, send all relevant emails from your IT department (including screen shots) outlining what’s been done to: health.childteencheckups@state.mn.us
  - **Coordinator Handbook**
  - **Coordinator Website**
  - **Bulletins**
  - **CATCH 3 User Manual**
  - **Regional Meetings**
  - **CHB or Tribe internal policies and protocols**
  - **MDH Training Registration & Requests**
  - **Other joint state agency training, when available**
  - A list of DHS abbreviations and acronyms can be found on the CountyLink webpage: [DHS abbreviations and acronyms](#).
  - Use the Child and Teen Checkups (C&TC) Program name accurately and consistently in all written materials and communications. Some things to remember include:
    - The word “Checkups” is plural. Use the singular form only when referring to a single checkup
    - The word “Checkups” is written as one word. There is no hyphen used in “Checkups” in the program name
    - The ampersand is not used when writing the full program name. The correct written program name is: *Child and Teen Checkups (C&TC) Program*
    - Always use the ampersand (&) when abbreviating the program name. The correct abbreviation of the program name is: C&TC
C&TC Materials and Ordering Information
The DHS bulk order website (Four51) lets you view all printed documents available for order. Follow the steps below to place your first order:

1. Go to the Four51 website
2. Find documents by using the search bar in the upper right corner of the webpage, or browse all documents using the menu at the right.
   - A full list of C&TC documents can be found below in Available C&TC Materials
   - FAQs are available to assist with site navigation
3. Once you begin checkout, you will be prompted to create a user name and password.
   - Please use your employee email address as your user name. This ensures that your user name is unique and makes assisting you with any difficulties easier.

For future orders, go to the Four51 Storefront website to log in and begin your order.

If you have difficulties, please contact the Document Fulfillment Center at State.E-Commerce@state.mn.us.
### Available C&TC Materials

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<th>Title</th>
<th>Document Number</th>
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C&TC Coordinator Role in Provider Outreach

The Coordinator role in provider outreach is to help assure local providers are informed about providing services to eligible children in the contract area. To accomplish this, a number of assessment and outreach activities must take place. CHBs or Tribes should strive for positive, successful relationships with local trade area providers and employ a variety of outreach activities based on identified provider needs.

Although Coordinators have the overall responsibility for provider outreach, other staff may be assigned, too. Coordinated work efforts between staff will ensure success in meeting clinic and provider outreach goals.

The initial communication with the clinic will identify the type of provider outreach needed. Clinic visits will vary depending on whether the clinic is already providing screenings. If not, the initial visit could be a basic overview of the program. This could be an informal review with the clinic or billing manager to something more formal such as a PowerPoint presentation to a larger group of clinic staff. It is important to remain open to a variety of outreach and training formats to best meet the needs of each individual clinic.

Suggested basic information for successful provider or clinic outreach:

- **Organization:**
  - Keep a current and up-to-date list of clinics, clinic managers, supervisors, etc.
  - Schedule visits consistently
  - Utilize various methods of communication: phone, letters, email, etc.

- **Survey or Assess:**
  - Goal of the visit
  - Schedule

- **Visit Prep:**
  - Invitation (clinic staff and health plans)
  - Sign-in sheet
  - Certificate of attendance
  - Evaluation
  - Folders
    - Presentation
    - Business card
    - Resources
    - Data
  - Hands on tools
  - Snacks
  - Final confirmation contact
  - Outreach materials

- **Visit**
  - Praise known success
  - Promote MDH trainings
  - Use motivational interviewing techniques
    - Use questions clinics can relate to
• Utilize fun, quick online polls for interactive Q&A (Doodle Poll, Poll Maker, etc.) to determine needs for future visits or current C&TC knowledge
  o Data regarding participation rate progress
  o Share personal experience
• Post visit
  o Follow up
  o Review evaluations
• Record keeping
  o Document important visit information on each clinic

Provider Role in C&TC
Providers can make a big difference by providing routine comprehensive preventive health care and early identification of health concerns. Children enrolled in Medicaid programs generally have higher health risks and may have irregular access to health care.

Providers can promote a health care home and routine preventive care by discussing the regularity of visits. The establishment of a medical home may also reduce the improper use of the emergency room for general services. Providers have the opportunity at preventive visits to teach good health habits that may reduce high-risk behaviors.

How Clinics can promote C&TC
• All clinic staff should reference the next well-child visit. Give the family a reason to come back, e.g. child needs a lead test or an immunization. This provides an important incentive for families to return.
• Provide internal training and orientation to all new staff. Appointment staff have the opportunity to schedule C&TCs and discuss the importance of them with families. Creating a “team” approach will benefit children.
• Consider ways individual clinics can encourage participation, e.g. some clinics give a reminder call before the appointment or do outreach to those who miss appointments.
• Schedule appointments closer in time to help clients remember, e.g. two weeks out or sooner.
• Treat all clients with respect and dignity regardless of insurance type or cultural background.
• Adopt the C&TC schedule as the clinic standard of preventive health care to unify or simplify the process and to benefit all children coming to the clinic.
• When billing, use an appropriate referral code consistently on every claim.

How Public Health Agencies and C&TC Outreach Staff can assist the Clinics
• Schedule visits with the clinic manager or site contact to promote relationship building.
• Assist clinic to assess status in providing C&TC and discover potential gaps.
• Review fact sheets and the periodicity schedule to identify clinic training needs and help coordinate with MDH. Coordinate with health plans for billing training.
• Provide program outreach and training to different clinic groups. Utilize exchange of provider outreach ideas at regional meetings and consider shared trainings with MDH and other counties, tribes and health plans.
• Provide transportation or interpreter contact information for clients.
• Help clients schedule appointments, as needed.
• Provide referral follow-up as identified in CATCH.
• Work as a resource for clinic staff.
• Provide updates from DHS or MDH.
• Provide outreach through home visiting to encourage C&TC.
• Provide information on assessing maternal mental health during well-child visits including follow-up.

**The Initial Clinic Assessment Visit**

First clinic visits can vary greatly. If a clinic contact is known, it may work best to meet initially with that person to learn about the clinic and who should be invited to a C&TC meeting. If no contact is known, start with the clinic manager. Arrange a meeting with as many key staff as possible (manager or director, medical director, pediatric or family practice nursing supervisor, billing supervisor, front desk or reception supervisor and medical or nursing staff).

More than one visit may be needed depending on the outcome of the initial discussion. For example, if the billing supervisor or other billing staff are not present at the meeting, a separate meeting may be necessary.

With this initial meeting, the goal is to learn about the current clinic process for C&TC. Active listening is essential. By learning the clinic process, gaps in systems may be identified. Possible solutions for improvement can then be discussed and planned.

As Coordinators and outreach staff work with clinics, it is a good idea to collect a best ideas list to share with providers. For example, if one clinic is successful billing complete C&TCs find out what process is used. With permission, share any successful models of practice with other clinics.

When making clinic visits, it is important to go prepared. Bring along helpful resources that best describe the program and the provider or clinic role. Some standard items might include:

- Business cards
- Contact information for MCO representatives and FFS billing assistance
- New provider information or updates as available
- Outreach and training materials from DHS, MDH or MCO organizations
- Periodicity Schedules (screening and dental)
- Claims referral code information

Other resources to promote C&TC at clinics will be discovered as you work with agencies and regional groups.

**Clinic Assessment**

Large clinic systems may have different needs than small or rural clinics. It is important to learn what roles staff have to know who to contact in different situations. For example, appointment and reception staff may be the same people in some systems.

**C&TC Appointments**

- Scheduling the appointment is often the first clinic contact by the client. Learn how staff identify eligible children and if they know eligibility requirements
• Learn how insurance status is determined
• Find out how much time is scheduled for a C&TC visit and if all components completed in that time
• Families may not specifically ask for a C&TC when calling to schedule an appointment. One of the following examples may be used and could be scheduled as a C&TC if appointment staff are aware:
  o Newborn well-baby checkup
  o Well-child exam
  o Physical for:
    ▪ School
    ▪ Work
    ▪ Camp
    ▪ WIC
    ▪ Head Start
    ▪ Sports
  o Immunizations
  o Early Childhood Screening
  o Prenatal visit (first prenatal visit can be C&TC exam)
• Early identification that a well-child or other visit should be a C&TC helps ensure:
  o A complete screening is performed
  o Referrals or follow-up needs are scheduled
  o Appropriate forms completed
  o Accurate billing, coding or reimbursement
• Every clinic follows a protocol for no show or failed appointments. Ask about this policy at each clinic
• If transportation or interpreters are needed, review information for referring members to their health plan or FFS clients to their County or Tribe Coordinator for assistance

Reception area, front desk and charts
• A welcoming environment and team is important to set the tone of the visit
• Make C&TC materials available in the waiting area to advertise and emphasize preventive care
• Clinic staff could hand out age-appropriate brochures to families at check-in when needed
• Inform medical and nursing staff that visit is a C&TC

Clinic C&TC Providers
• Confirm which providers are completing C&TC components
• Is a complete age-appropriate screening being done? Including:
  o Developmental, social-emotional, mental health screening
  o Vision and hearing
  o Lead (required at 12 and 24 months)
  o HIV
• If a screening component was not completed, document the reason in the medical record. For example:
  o Refusal
  o Contraindication
  o Uncooperative behavior
If a component is not completed, the visit cannot be billed as a complete C&TC. There are exceptions allowing a claim to be billed as complete. For information about exceptions and how to bill, refer to the MHCP Provider Manual.

- Determine if program or individual component training is needed (see the MDH website for training list).
- Providers should use the C&TC Provider Documentation Forms, either directly or as a guide, for their electronic health record for C&TC visits.
- Confirm HIPAA-Compliant Referral Condition Codes (ST, NU, AV and S2) are used when billing to identify a complete C&TC, indicate referrals as a result of the C&TC and generate appropriate reimbursement.
- If a clinic or provider has a separate system for C&TC referral follow-up, make sure it is documented.
- Discuss the follow-up role the county or tribe plays. If providers know Coordinators, contact the client and give assistance in getting the child to return, this may provide extra motivation to use the referral codes correctly.
  - Many clinics hard code the NU (no referral code) for payment purposes and may not realize that public health will contact the family when a referral has been made. Referrals are reported each year to the Centers for Medicare & Medicaid Services (CMS).
  - See the MHCP Provider Manual for more specific referral information
    - Note: If the identified problem was treated during the visit and there is no need for the child to be seen for any kind of follow-up, it should not be documented on the claim as a referral.
- Some ideas for capturing the referral or no referral information:
  - Use the Provider Documentation Forms (encouraged but not required).
  - If the clinic prefers to use its own documentation forms, create a box, space or list the referral codes on the form for medical staff to indicate referral or no referral.

Billing Department
This is an important area within the clinic because it is the last stop before the claim is submitted for reimbursement. Billing staff need to receive all the appropriate visit information, including referral information. Timely claim submission and accurate referral code billing helps the CHB or Tribe provide timely referral follow-up to families.

It is important to use the correct referral code when billing for a complete visit. Billing screening services accurately is necessary to:

- Identify the claim as a complete screening
- Ensure appropriate provider reimbursement
- Identify referrals for public health follow-up
- Collect federally required data

If needed, help clinic staff identify health plan and FFS billing representatives by providing contact information.

Possible Barriers to Clinic Outreach
When scheduling outreach visits, you may encounter some resistance.

- Time: indicate a willingness to visit at a time convenient for clinic staff.
- Collaborate with health plan representatives to promote good clinic relations. Health plans can create clinic participation rates determined by claims payment, which displays complete C&TC visit information. Coordinators can get an indication of how individual clinics are performing by checking the CATCH Screenings by Provider or Clinic Report for information.
Clinic Staff Education or Training

- Clinic training may be needed on the program in general, or more specifically, on components like vision or hearing. Provider outreach staff is qualified to arrange and provide any program overview training necessary for provider clinic staff.
- For specific component training, MDH, under contract with DHS, provides screening component training at various times and locations throughout the year. Training schedules and registration information can be found on the MDH website.
- Coordinators are responsible for communicating with health plans about provider training and coordinating efforts, when appropriate.

Clinic Equipment

- Does the clinic have the necessary equipment to do a C&TC?
  - HOTV or LEA eye charts
  - Plus Lens
  - Audiometer calibrated within the last year, and a dedicated room for audiometer located in a quiet part of the clinic
  - Wall-mounted stadiometer for height measurement
  - Table scale for infant height and weight, calibrated annually
  - Scale for older children that is balanced and calibrated for weight measurement
  - Fluoride varnish individual application packets
- Does the clinic use recommended tools for completing developmental and mental health screenings?
- Is the clinic aware of resources available for adolescent and young adult C&TC visits?
C&TC Provider Resources

MHCP Provider Website
The MHCP Provider website includes the following:
- Billing information
- Enrolling as a provider
- MHCP Provider Manual
- Program policy information
- Provider enrollment information
- News and updates

C&TC Provider Billing Training

Managed Care Organizations (MCO) Billing Training
Each health plan provides training for their MA providers. Providers should contact individual health plans for specific training and assistance. See Error! Reference source not found. below for contact information.

DHS Fee-For-Service (FFS) Billing Training
DHS provides FFS training for MA providers through information found in the MHCP Provider Manual and through periodic classroom training at sites around the state.

Additional Resources

MHCP Enrolled Provider Training

MHCP Provider Call Center

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6 Assistance with FFS billing problems should always begin with a contact to the Provider Call Center. Consult with C&TC FFS billing training staff as necessary.
Training

Minnesota Department of Health (MDH) Training

Coordinators should attend the first day of the three-day training offered by MDH for an overview of both the screening program and information on individual screening components. New staff need to understand the screening process and the individual components included in a screening to effectively provide outreach and follow-up services to eligible children and families as well as to provide outreach to providers.

As part of orientation, it is important for new Coordinators or staff to thoroughly review available written and web-based program resources, attend other trainings as offered and utilize orientation from staff both in their own agency and from other Coordinators or meetings as available.

C&TC Comprehensive Screening Exam Training (three day)

The purpose of the comprehensive training is for participants to obtain the knowledge and skills needed to provide screening services consistent with program standards.

This training is designed for health professionals (PHNs, NPs, PAs, etc.) who will be performing Child and Teen Checkups screenings or would like to enhance their child and teen screening skills. It is also for registered nurses and public health nurses who:

- Have not previously attended the Child and Teen Checkups training workshop and will be providing screenings.
- Actively provide screenings and would like a more comprehensive retraining than the one-day C&TC refresher training provides.
- Are not actively providing screenings but need a more comprehensive retraining than the one-day C&TC Refresher training provides. This training includes:
  - An introduction to the program
  - Screening standards and components
  - Training on skills needed to perform various components including the physical exam
  - A follow-up individual consultation within three months of training to reinforce clinical skills for all newly trained screening providers. A second consultation is provided if necessary.

This activity is designed to meet Minnesota Board of Nursing continuing education requirements for 36 contact hours.

C&TC Refresher Training Sessions (one day)

The purpose of the training session is to update primary care providers, nurses, medical assistants and clinic managers and inform new Coordinators on current content and screening procedures and to enhance knowledge and skills needed to provide screening services consistent with program standards.

The intended audience is health professionals (primary care providers, nurses, medical assistants and clinic managers) or PHNs and RNs who:

- Actively provide screenings and have attended the three-day training session within the last six years.
- Have not actively provided screenings and have not attended the three-day training session within the last four years.
This training includes:
  o An overview of the Child and Teen Checkups Program.
  o An introduction to screening standards and components.
  o Training on skills needed to perform various screening components – hearing, vision screening.

C&TC Ad Hoc Training Sessions (training length varies)
For public or private providers or Coordinators covering topics such as newborn assessment, adolescent health issues, physical assessment and strategies for working effectively with providers. Training session requests and topics for training are reviewed and approved by MDH in consultation with DHS for efficiency and maximization of training impact. Coordinators are included in the planning to help with training coordination and to promote maximum attendance.

Best Practices (1-4 hours)
Training provided to nurses and personnel from clinics and public agencies, C&TC coordinators and Head Start staff, presents an overview of Child and Teen Checkups screening components and up-to-date information on evidence-based best practices for a complete C&TC well-child visit.

Developmental Screening Workshops (half or all day)
To train nurses and personnel in clinics and public agencies to provide standardized developmental and social or emotional screening activities or methods.

Vision and Hearing Screening Training (one-day session)
Training provided to nurses and personnel from physicians’ offices and public agencies providing vision or hearing screening or preparing to begin providing these services.

Online Training Programs
MDH provides modules for use by public and private providers

Developmental and Social-Emotional Screening Tool Training
MDH has helped provide training on the recommended developmental tools and how to choose a tool. They have also partnered with MDE to provide training on the ESI-R and the ASQ and ASQ-SE.
Screening in Early Childhood Workshops

The Developmental Screening Taskforce provides periodic statewide training to screening program staff working with the Early Childhood Screening (ECS) Program. This program and the screening occurs through school districts and some Head Start programs. Training topics are chosen based on the common interest and goals of these screening programs and associated child health programs. Suggested participants include staff from:

- C&TC/EPSDT: Screening, Outreach and Follow-up
- Early Childhood Family Education (ECFE)
- Early Childhood Special Education (ECSE)
- Head Start programs
- Interagency Early Intervention Committees (IEIC)
- Part C/Early Childhood Intervention
- Public Health Agencies
- School-based ECS Programs
- School Readiness Programs
- Tribal Governments

Program staff should make every effort to attend these trainings when they are made available. Administrative services funds may be used to cover the cost of training expenses. See Use of Administrative Services Funds for more details.
Contact Information

Minnesota Department of Human Services (DHS) Contact List

Purchasing and Service Delivery (PSD) Division
Child and Teen Checkups (C&TC) Program

Elmer L. Andersen Building
Street Address: 540 Cedar St., St. Paul, MN 55155
Mailing Address: P.O. Box 64984, St. Paul, MN 55164-0984

DHS C&TC Mailbox

dhs.childteencheckups@state.mn.us

CATCH 3 Support

dhs.catchsupport@state.mn.us

C&TC Billing Questions

DHS Provider Call Center

For questions about fee-for-service coverage policies and billing procedures for Child and Teen Checkups see:

Minnesota Health Care Programs (MHCP) Provider Manual
or contact the Provider Call Center

Phone: 651-431-2700 or 800-366-5411
Hours: 8 a.m. to 4:15 p.m.
Monday – Friday
Email questions to:

dhs.healthcare-providers@state.mn.us

If you need assistance finding your local health plan representative, connect with your regional meeting facilitator or dhs.childteencheckups@state.mn.us.
Minnesota Department of Health (MDH) Contact List

Community and Family Health (CFH) Division
Maternal and Child Health (MCH) Section

Golden Rule Building
Street Address: 85 E. Seventh Pl., St. Paul, MN 55164-0882
Mailing Address: P.O. Box 64882, St. Paul, MN 55164-0882

MDH C&TC Mailbox
health.childteencheckups@state.mn.us

You can also call 651-201-3760 for general C&TC and MDH questions –
A staff person will connect you to the appropriate person.

For training requests, please submit a training request using the MDH Training Request Form.