The C&TC Provider Guide is available on both the DHS C&TC Provider and C&TC Coordinator Websites.

Minnesota Health Care Program (MHCP) C&TC Provider Website

Minnesota Department of Human Services (DHS) County Link – Coordinator Website

This information is available in alternative formats to individuals with disabilities by calling (651) 431-2629 or (800) 657-3756. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency’s ADA coordinator.
The Minnesota Health Care Program (MHCP) Provider Manual

The online Minnesota Child and Teen Checkups (C&TC) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Provider Guide is designed to offer providers and clinic staff information about the C&TC Program, screening component standards and guidelines and documentation requirements. The C&TC Provider Guide must be used in conjunction with the Minnesota Health Care Program (MHCP) Provider Manual and the C&TC Section of the MHCP Provider Manual. The online MHCP Provider Manual is your primary information source for MHCP coverage policies, rates and billing procedures. In order for a claim to be identified as a C&TC claim, one of the four HIPAA compliant referral codes must be entered on the claim (see HIPAA C&TC Referral Coding Information in Section D-Billing Information).

The MHCP Enrolled Providers Website is a landing page for all providers. The Webpage is divided into three columns. The left side will provide information for all providers with links to specific provider types and services. The center section will give you the opportunity to select your provider type, or when on other pages, will provide information about the Webpage. The right side will provide links to other pages and resources.

The C&TC Provider Website has helpful resources specific to C&TC screenings.

Once you are at the C&TC Website, use the links on the left side of the page to navigate to information about

- **Billing resources**
  - Fee schedule
  - Calendars & Reading the PCN
  - Electronic Claim Attachments
  - Reading your RA

- **Communication**
  - News
  - Updates
  - E-mail lists
  - Training

- **Enrollment**
  - Annual provider renewal
  - Electronic Funds Transfer (EFT)
  - Rule 101

- **Industry Initiatives**
- **MHCP Provider Manual**
- **Table of Contents**
- **Back to the provider Website**
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  - Provider Requirements
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    - Program and Service
    - MHCP Benefits At-a-glance
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  - Billing Policy (Overview)
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    - Medicare and Other Insurance
    - Out of State Providers
- **Authorization**
Update Log

This Update Log provides a record of updates to the C&TC Provider Guide. Whenever an update occurs, a “last updated” date will be provided on the yellow Post-it Note at the beginning of the guide. The Update Log will include revised dates and a brief note identifying the changes made.

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The Minnesota Health Care Programs (MHCP) Provider Manual

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Section A
General Information
C&TC Program Background

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program is a federally mandated service under Title XIX of the Social Security Act. In Minnesota, the EPSDT Program is known as the Child and Teen Checkups (C&TC) Program. Children from birth through the age of 20 enrolled in Minnesota Health Care Programs (MHCP), Medical Assistance (MA) and MinnesotaCare, are eligible for the C&TC Program. The program services include: early screening of a child’s health to prevent or detect conditions, disease, and disabilities; periodic screening of a child’s health at critical points in physical and mental development; screening tests and procedures to determine further examination needs of a child; diagnostic tests and procedures to determine the nature and case of identified conditions; treatment services that control, correct or reduce physical and mental health conditions. The C&TC benefit includes comprehensive and periodic preventive health screenings through an approved schedule of age-related standards for medical and dental screenings.

The purpose of the C&TC Program is to identify potential physical or mental health problems and to refer the child for further diagnosis and/or treatment. The goal is to improve the health of eligible children and teens and reduce the negative impact of health problems. Medical care costs can be reduced by providing preventive medical care and early diagnosis and treatment of conditions that threaten children’s health.

The Centers for Medicare and Medicaid Services (CMS) has set a goal for states to have an 80% participation rate in C&TC screening services. This participation rate is based on eligible children receiving a C&TC screening service during the reporting year. Accurate billing and coding is critical for Minnesota to reach the 80% participation goal.
Minnesota C&TC Provider Role

Providers play a central role in promoting preventive health care for children. Studies show that children enrolled in public programs (MA/MinnesotaCare) are at high risk for health problems. The purpose of the C&TC Program is to provide comprehensive preventive health care to identify health problems, provide treatment for the problem, and/or refer the child to the appropriate service provider for further evaluation, diagnosis and/or treatment. Providers are essential in identifying and treating the health problems of children and teens eligible for C&TC services.

The C&TC Program emphasizes the need to avoid fragmented care and the importance of continuity of health care. Providers can assist in reducing duplication of services by coordinating complete C&TC screening services with ongoing well-child care such as:

- Newborn/well-baby checkups
- School health screenings
- Camp or athletic physicals
- Routine well-child care
- Family planning services
- WIC (Special Supplemental Food Program for Women Infants and Children) clinics
- Head Start physicals
- Immunizations
- Initial prenatal visits
- Early childhood screenings

Providers perform C&TC screenings and document all of the components provided according to the:

C&TC Schedule of Age-Related Screening Standards
(C&TC Screening Component Periodicity Schedule)

C&TC Schedule of Age-Related Dental Standards
(C&TC Dental Periodicity Schedule)

C&TC Screening Components Standards and Guidelines

To assist providers in completing all of the age-specific screening components there are C&TC Documentation Forms. These age-specific templates include all appropriate C&TC screening components. There is a template for each of the recommended twenty screenings between ages 1-
2 weeks through 20 years. Providers may use the C&TC Documentation templates for recording a screening or may use the template as a reference when designing their own form or electronic health record.

Providers may provide a C&TC screening at inter-periodic intervals when medically indicated. Medically indicated inter-periodic screenings are allowed and reimbursable.

At a C&TC screening providers are expected to:

- Identify and treat health problems
- Provide anticipatory guidance. Also instruct child, parent or guardian when next screening is due and explain why it is important for them to return for the next checkup.
- Refer child/family for further assessment, diagnosis and treatment when appropriate. The referral may be made to the screening provider or to another provider for diagnosis and/or treatment.
- Provide verbal dental referral for preventive dental care at every C&TC screening. A dental checkup before age one is required for good dental health. (The American Academy of Pediatric Dentistry recommends that parents bring their children to the dentist after their first tooth erupts or no later than their first birthday). American Academy of Pediatric Dentistry (AAPD)
- Use appropriate C&TC HIPAA Required Referral Codes on billing forms for C&TC screenings. Billing C&TC screening services accurately is necessary to:
  - Identify the claim as a complete C&TC screening
  - Ensure appropriate provider reimbursement
  - Identify referrals made as a result of a C&TC screening. Allow for tribal/county public health follow-up with assistance in accessing referral follow-up services
  - Collect federally required data

**Resources**

C&TC MDH Screening Component FACT Sheets
C&TC Screening Components Standards and Guidelines
C&TC Documentation Forms
C&TC Provider Website
Section B

Eligibility
C&TC Program Eligibility Requirements

- Enrolled in Medical Assistance (MA) or MinnesotaCare
- Children and teens, newborn through age 20
- Children enrolled in a health plan must receive screening services from the health plan provider network

MN-ITS Eligibility Verification System (EVS)

MN–ITS enables providers to verify a child or teen’s eligibility for a MHCP Program and if they are enrolled in a health plan. MN-ITS also enables providers to verify for one or more MHCP recipients at a time. Eligibility Verification System (EVS)
Section C

C&TC Screening Component Information
C&TC Schedule of Age-Related Screening Standards

At each C&TC screening a provider must complete the components identified on the periodicity schedule for the service to be reimbursed as a complete C&TC screening. The schedule includes CMS required components for the EPSDT program and some guidelines from professional organizations such as the American Academy of Pediatrics (AAP) and Bright Futures. For more information on the C&TC screening standards refer to the Schedule of Age-Related Screening Standards (C&TC Screening Component Periodicity Schedule)

The C&TC screening components include:

- Anticipatory Guidance (health education)
- Physical Growth and Measurement (such as blood pressure, BMI, head circumference)
- Health History (including mental health, nutrition and chemical use)
- Developmental/Mental Health screening
- Physical Examination
- Immunization and Review
- Newborn Metabolic Screening (if indicated)
- Laboratory Tests including
  - Blood lead
  - Hemoglobin/hematocrit
  - Other tests as indicated
- Vision Screening
- Hearing Screening
- Dental Checkups (verbal referral)

C&TC Schedule of Age-Related Dental Standards

The services of a dental visit for C&TC are listed in the C&TC Schedule of Age-Related Dental Standards by age and component. These standards follow the recommendations from the American Academy of Pediatric Dentistry (AAPD). For more information on the C&TC dental standards refer to the Schedule of Age-Related Dental Standards (C&TC Dental Periodicity Schedule)

The C&TC dental screening components include:

- Oral health history
- Clinical oral examination
- Assessments/screening
  - Oral growth and development
  - Caries risk
  - Radiographic
- Prophylaxis and topical fluoride
- Fluoride supplementation
- Anticipatory guidance/counseling
- Counseling
  - Oral hygiene
  - Dietary
  - Injury prevention
  - Nonnutritive habits
  - Speech/language development
  - Substance abuse
  - Intraoral/perioral piercing
- Assessment and treatment of developing malocclusion
- Assessment for sealants
- Assessment and/or removal of third molars
- Transition to adult care

For more information on MHCP dental benefit coverage policy, refer to the MHCP Provider Manual – Dental Section

**C&TC Screening Components Standards and Guidelines**

This document identifies the required standards for C&TC screening components and the personnel qualified to perform them. It may also be used by clinic staff for evaluating or developing their own forms or electronic health records to determine if the required documentation for a complete C&TC is included in their clinic’s format. For more information, refer to the C&TC Screening Components Standards and Guidelines

**General Information on Screening Components**

**Anticipatory Guidance**

Anticipatory guidance or health education is to assist the child, parent or guardian in understanding the expected growth and development of the child and to give child, parent or guardian age-appropriate information about the benefits of healthy lifestyles and practices that promote injury and disease prevention. Anticipatory guidance and health education concerning the child’s health must be provided as a part of every C&TC screening.

**Resources**

- Anticipatory Guidance, Birth to 12 Years FACT Sheet
- Anticipatory Guidance, 13-21 Years FACT Sheet

**Dental Checkup**

Because dental caries is the most prevalent chronic disease in the U.S. it is important for C&TC providers to talk to the child, parent or guardian about good oral health and getting regular preventive dental health care. A verbal referral to a dentist is required upon the eruption of the first tooth and no later than one year of age. A verbal referral for regular preventive dental care should be given at each subsequent C&TC screening.
Developmental and Mental Health Screening Information

Developmental and mental health screening and surveillance should be incorporated into the ongoing health care of a child as part of a preventive health visit and their medical home. Early identification and appropriate referrals to health professionals and/or Help Me Grow Minnesota’s IDEA (Part C) early intervention program are essential in helping children and their families address concerns about development. These types of screenings are to identify the need for further assessment.

Mental Health or sometimes referred to as social/emotional/behavioral health screening and surveillance is part of a C&TC screening. Social-emotional screening tools intend to identify children whose development is delayed and/or whose mental health development is at risk which may include appropriate emotional functioning for a child’s developmental age.

Both developmental and mental health screenings may be billed on the same day when a standardized instrument is used. When surveillance for developmental and mental health concerns is provided at a C&TC screening it is reimbursed through the Evaluation and Management (E&M) code. Refer to the MHCP Provider Manual – C&TC Section for billing details.

Resources

- Developmental Screening FACT Sheet
- Social-Emotional/Mental Health FACT Sheet

Health History

A history of the child’s health, development, social-emotional and mental health must be obtained from the child, parent or an adult familiar with the child’s health history. The health history should be updated at each C&TC screening or episodic visit. The history must include, but is not limited to information on or identification of:

- Mental health status, needs, risks
- Sexual development/maturation
- Nutritional intake*
- Risk and exposure to lead and tuberculosis
- Risk/use and abuse of chemicals
*Nutrition: A child must receive screening of nutritional status through questions about dietary practices to identify unusual, deficient or excessive eating habits, dietary quality and quantity, meal patterns etc. A child must be referred to the Special Supplemental Food Program for Women, Infants, and Children (WIC) for eligibility determination. When the nutritional screening and the screening of a child’s physical growth indicates a nutritional risk condition, the child must be referred for further assessment, receive nutritional counseling, and be referred to a nutrition program such as WIC, MAC, the Minnesota Food Assistance Program (MFAP) and the Food Support Program.

Resources

- Health History FACT Sheet

Hearing Screening Information

Much learning is accomplished through the sense of hearing. Screening for hearing loss is essential to help identify any barriers that would impair a child’s ability to learn. Early identification and treatment can prevent or alleviate many of the problems that result from impaired hearing. Screening is the most practical approach to identify children in need of referral and follow-up services.

Resources

- Hearing Screening FACT Sheet
- Hearing Screening Information
- Hearing Screening - Children after Newborn and Through the Age of 20 Years

Immunization Information

The immunization status of a child must be reviewed and compared to the current Recommended Childhood and Adolescent Immunization Schedule of the federal Advisory Committee on Immunization Practices (ACIP) provided by the Centers for Disease Control and Prevention (CDC) and includes current recommendations for vaccine administration, schedules of periodicity, appropriate dosage and contraindications. The Minnesota Department of Health (MDH) Recommended Childhood Immunization Schedule is revised annually and may be used as it incorporates the ACIP schedule.

During an immunization review if it is determined that one or more immunizations are needed and are appropriate to be administered, they must be offered and given to the child upon request and permission of the parent or child.

C&TC providers must use vaccine available through the Minnesota Vaccine for Children Program (MNVFC).
Resources

- Immunizations and Review FACT Sheet
- Child and Adolescent Immunization Schedules
- Immunization Materials for the public and for professionals
- MHCP Provider Manual – Immunization Section

Lead Screening Information

Research indicates that MA/MinnesotaCare children are at greater risk of lead poisoning. A blood lead screening test is a federally required C&TC component for children at their 12 and 24 month C&TC Screening. If necessary, lead testing can occur at other times within the ranges that are indicated on the C&TC Schedule of Age-Related Screening Standards (Screening Component Periodicity Schedule). Child health care providers must use a blood lead test to screen children up to 6 years of age who have not previously had a blood lead test. In addition, a child should be tested for elevated blood lead levels whenever the history indicates that there are risk factors for lead poisoning or test a child at any age if: the parent expresses a concern about, or asks for their child to be tested for blood lead poisoning; the child moved from a major metropolitan area or another country within the last 12 months.

Resources

- Lead Screening FACT Sheet
- Childhood Blood Lead Screening Guidelines for Minnesota
- Lead Poisoning Prevention (Minnesota Department of Health)


Newborn Screening Information

All newborn infants are required to be tested for heritable and congenital disorders such as fatty acid oxidation, organic acid and endocrine disorders; hemoglobinopathies; and others according to Minnesota Statutes 144.125 and rules prescribed by the commissioner of health. If the tests identify heritable and congenital disorders, the child must be referred for genetic counseling.
Resources

- Newborn Screening-Blood Spot FACT Sheet

Physical Exam

C&TC requires an unclothed physical exam completed according to medically accepted procedures including pulse, respiration, head, eyes, ears, nose, mouth/oral, pharynx, neck, chest, heart, lungs, abdomen, spine, extremities, joints, muscle tone, skin, neurological, genitals/sexual development, feet and toes.

Resources

- Physical Exam FACT Sheet

Physical Growth and Measurement

A child’s height/length and weight must be measured and the results plotted, as appropriate, on a standardized growth grid based on data from the Centers for Disease Control and Prevention (CDC).

- Body Mass Index (BMI): BMI should be calculated and documented at each C&TC visit beginning at age 2 as recommended by CDC and the American Academy of Pediatrics (AAP). BMI percentile should be documented based on CDC growth charts.
- The head circumference of a child from birth to 24 months of age or a child whose growth in head circumference appears to deviate from the norm must be measured and plotted on a standardized growth grid based on CDC data.
- Blood pressure must be measured starting at three years of age.

Children determined to have nutritional risks or who fall outside the normal range for BMI must be referred, as appropriate, for further clinical assessment, nutritional counseling or be referred to a nutritional program such as Women, Infants, and Children (WIC); the Minnesota Food Assistance Program (MFAP), the Food Support Program, Mothers and children (MAC) or Head Start.

Resources

- Physical Growth and Measurements FACT Sheet

Vision Screening Information

For a child, impaired vision can contribute or cause learning problems. Vision screening allows for the early identification of children with vision problems and the appropriate evaluation and treatment of the condition.
Resources

- Vision FACT Sheet
- Vision Screening Information

C&TC Screening Component FACT Sheets

The C&TC Screening Component FACT Sheets include C&TC component requirements, qualified personnel to complete the component, necessary documentation, current recommendations, facts and literature references that support the standards. The links to the FACT Sheets are as follows:

- Anticipatory Guidance, Birth to 12 Years
- Anticipatory Guidance, 13 to 21 Years
- Dental Checkup
- Developmental Screening
- Health History
- Hearing Screening
- Hematocrit or Hemoglobin
- Immunizations and Review
- Lead Screening
- Newborn Metabolic Screening – Blood Spot
- Physical Examination
- Physical Growth and Measurements
- Social-Emotional/Mental Health
- Tuberculosis (TB) Screening
- Urinalysis
- Vision

Other Services Provided at a C&TC Screening

Other services that may be performed during a C&TC screening and billed on the same claim as the C&TC screening are: Fluoride Varnish Application, Maternal Depression Screening and Autism Screening. Although these are not required components they are important preventive health screening practices when deemed medically appropriate. For details on instruments to use for maternal depression or autism screening and coverage of fluoride varnish application, refer to the MHCP Provider Manual - C&TC Section
Maternal Depression Screening

Maternal depression screening may be provided during an infant’s C&TC screening service or during an episodic visit. The provider can screen any time within the child’s first year (suggested screening times are at the 1-month visit and either the 4-month or one other subsequent visit before the child’s first birthday). Use one of the following standardized screening tools:

- Edinburgh Postnatal Depression Scale (EPDS)
- Patient Health Questionnaire - 9 (PHQ-9) Screener
- Beck Depression Inventory (BDI)

Autism Screening

Screening for Autism in Toddlers

A standardized screening instrument must be used to be reimbursed for autism screening. Without a standardized screening instrument, reimbursement for autism screening will be included in the payment of the E&M code used for a C&TC screening.

Fluoride Varnish Application Information

Fluoride varnish applications may be performed at all locations where C&TC services are provided by providers who complete the free online training through the AAP The Oral Health Initiative Protecting All Children's Teeth (PACT): A Pediatric Oral Health Training Program or the University of Minnesota sponsored online Dental Health Screening and Fluoride Varnish Application learning course. Upon successful completion of one of the approved online training courses, the following providers may perform the fluoride varnish application procedure:

- Nurse practitioners
- Nurses
- Physicians
- Physician assistants
- Staff under the supervision of a treating physician or dentist

Medical providers may bill for fluoride varnish application up to four times per year per child.

Fluoride Varnish Information for Providers of Minnesota Child and Teen Checkups (C&TC)

Fluoride Varnish Application Child and Teen Checkups (C&TC)

C&TC medical providers are encouraged to provide primary caries preventive services when a child presents for a C&TC screening or an episodic care visit.

A primary caries preventive service includes:

- General visual examination of the child’s mouth (without the use of probes, dental equipment or radiographs)
- A risk assessment using the American Academy of Pediatrics and Pediatric Dentistry established risk factors
• Application of fluoride varnish for children from age one year and older upon written approval from the parent or legal guardian for the child that is identified as high risk for dental caries
• Provide to the child's parent or legal guardian: information on caries etiology and prevention and the importance of finding a dental home for their child by the age of 1 year
• Information on contacting their managed care plan or the local C&TC Coordinator in order to secure a dental appointment with a dentist

The provider must document in the child’s health record the information given to the parent or guardian and any primary caries prevention services provided to the child. For more information, refer to the MHCP Provider Manual – Dental Section

**C&TC Documentation Forms for Providers and Clinics**

These documents are age-specific templates, which include all C&TC components. There is a template for each of the recommended twenty screenings between ages 1-2 weeks through the age of 20. These templates are focused on making documentation as simple as possible to improve the likelihood that the medical record will capture all the components provided in a C&TC screening. DHS encourages the use of these forms but they are not required. If a clinic has already developed their own documentation forms, these templates can be used for comparison to make certain all C&TC components will have adequate documentation. For more information, refer to the C&TC Documentation Forms for Providers and Clinics

**C&TC MDH Face-to-Face and E-Learning Training**

MDH provides a number of face-to-face trainings for providers of C&TC, both primary care and public health. The following in-person trainings are offered by MDH:

*C&TC Comprehensive Screening Components Training* (formerly 3-Day training)

*C&TC Best Practices in Well Child Screenings* (formerly C&TC 1-Day)


*Hearing and Vision Screening - best practices, recent updates and guidelines for referral.*

*Developmental and Mental Health Screening - recommended screening instruments, implementing their use in clinical practice, and referral resources.*

For more information, refer to the C&TC MDH Training Website

MDH also provides a number of free on-line E-Learning trainings such as Developmental, Lead and Oral/Dental Health Screenings. For more information, refer to the C&TC MDH E-Learning Trainings Website.
Billing Information for FFS C&TC Screening Services

The C&TC Provider Guide must be used in conjunction with the Minnesota Health Care Program (MHCP) Provider Manual and the C&TC Section of the MHCP Manual. The online MHCP Provider Manual is your primary information source for MHCP coverage policies, rates and billing procedures. In order for a claim to be identified as a C&TC claim, one of the four HIPAA compliant referral codes must be entered on the claim (see HIPAA C&TC Referral Coding Information in this Section)

Billing

- Definition of a Referral
- HIPAA C&TC Referral Coding Information
- Developmental and Mental Health Screenings
- Screening for Autism in Toddlers
- Fluoride Varnish Applications
- Maternal Depression Screenings
- Outside Labs
- S0302
- Exceptions for Hearing and Vision
Section E

Resource/Contact Lists
## Minnesota Department of Human Services (DHS)

**DHS C&TC Resource/Contact List**

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<th>Name</th>
<th>Title</th>
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| **Susan Castellano**     | Maternal and Child Health Assurance Manager | Mailing Address: PO Box 64986 St. Paul, MN 55164-0986  
St. Paul, MN 55155  
Phone: (651) 431-2612  
Fax: (651) 431-7422  
TTY Service: 1-800-627-3529  
susan.castellano@state.mn.us |
| **Kathryn (Katie) Linde** | State Child and Teen Checkups Coordinator  | Mailing Address: PO Box 64986 St. Paul, MN 55164-0986  
St. Paul, MN 55155  
Physical Location: Elmer L. Andersen Building  
540 Cedar Ave.  
St. Paul, MN 55155  
Phone: (651) 431-2633  
Fax: (651) 431-7422  
TTY Service: 1-800-627-3529  
kathryn.m.linde@state.mn.us |
| **Ramona (Mona) Brady**  | State Child and Teen Checkups Specialist  | Mailing Address: PO Box 64986 St. Paul, MN 55164-0986  
St. Paul, MN 55155  
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**Minnesota Department of Human Services (DHS) Home Page**

**DHS MHCP Enrolled Providers Contact Information**
- MHCP Provider Call Center
- MHCP Provider Enrollment
- Eligibility Verification System
- MN-ITS Registration, MN-ITS Administrator and Password Resets
- Health Plan Contacts
- X12 Submissions via MN-ITS Batch

**C&TC Provider Website**

**C&TC CHB/Tribe Coordinator List**
Minnesota Department of Health (MDH)
C&TC Resource/Contact List

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Location</th>
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</tbody>
</table>

Health Plan Information and Resources
This is a Dakota County Website where health plan information is located.
Section F
Materials and Ordering Information
C&TC Materials and Ordering Information

C&TC Health Care for Kids Brochure
Your Growing Child (YGC) Brochure
Being a Teenager Brochure
C&TC Parent Checklist
C&TC Appointment Card

Centers for Disease Control and Prevention (CDC) Growth Charts – National Center for Health Statistics
CDC growth charts consist of a series of percentile curves that illustrate the distribution of selected body measurements in U.S. children. Pediatric growth charts have been used by pediatricians, nurses, and parents to track the growth of infants, children, and adolescents in the United States since 1977.

Minnesota Department of Health Provider Brochures for Lead Testing and Immunizations
Section G

Roles and Responsibilities
Minnesota Department of Human Services (DHS) Role

DHS Home Page

DHS is responsible for the administration, organization, implementation and oversight of the C&TC/EPSDT Program in Minnesota. Currently, DHS contracts with Community Health Boards (CHBs) and Tribal Governments (Tribes) to provide C&TC administrative services.

DHS contracts with health plans to administer the C&TC benefits for eligible children.

DHS ensures C&TC Program compliance with CMS requirements.

DHS also enrolls MA providers, provides technical assistance, training, and reimbursement for MA and MinnesotaCare fee-for-service (FFS) claims.

**DHS role with C&TC Administrative Services**

- Create policy for CHB/Tribe contracts in Minnesota which complies with federal and state EPSDT statute
- Monitor CHB/Tribe programs through contract oversight activities
- Create state program policy to support program goals
- Coordinate and collaborate with related child health programs and activities (including but not limited to WIC, Head Start and Title V Programs) to promote C&TC statewide goals
- Communicate as needed with C&TC agencies, providers, partners and families
- Assure sufficient C&TC providers participate to serve the population
- Develop and supply basic C&TC Program materials for use by C&TC providers, families, coordinators, health plans and others. See Section F for materials.
- Provide technical assistance for
  - C&TC administrative services to CHBs/Tribes
  - Outreach and follow-up billing
  - FFS/C&TC screenings direct services billing
  - Onsite visits to monitor and promote program understanding, policy and goals.
• Develop/provide/support C&TC CATCH tracking system

• Manage, monitor, review and approve C&TC administrative services contracts

• Maintain current C&TC Websites for providers and CHB/Tribe staff

• Partner with State Interagency Screening Team (MDH, MDE, DHS) to collaborate on mutually beneficial screening enhancement activities such as the creation of policies, materials and training programs to promote joint screening goals

• Manage health plan contracts for C&TC screening services to MA and MinnesotaCare children and teens

• Collect data and run reports for evaluation and program planning purposes

• Report on Minnesota EPSDT Program outcomes to CMS annually (on or before April 1) in compliance with federal (CMS) reporting requirements

• C&TC provider training and communication (direct C&TC screening services):
  o C&TC screening components training to local public health and to primary care providers of C&TC services. This is offered through an interagency agreement with MDH.
  o FFS billing training for providers who bill DHS directly for C&TC screenings
  o DHS Provider Updates, created as needed, to inform C&TC providers of new information such as program billing process and policy changes
  o Provider Remittance Advice (RA) messages, created as needed, for C&TC providers to give brief notice of policy information and C&TC billing practices
  o Write or maintain bulletins, manuals and reports

Resources

• DHS C&TC Provider Website
• MHCP Enrolled Providers
• DHS Home Page
• DHS C&TC Coordinators Website
Minnesota Department of Health (MDH) Role

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

MDH C&TC Website

MDH services include the following:

- Training service
  - Prepare and conduct training session presentations for public and primary care C&TC providers on the various C&TC components. Refer to MDH C&TC Website for training offered.
  - Notify appropriate groups about training schedule/content information such as C&TC providers, primary care clinics, county public health, C&TC Coordinators, nonprofit or community clinics, tribal and Indian Health Services clinics, Head Start school-based clinics, school health list and MCOs.
  - Develop/revise curriculum and training session materials as needed.
  - Coordinate and assist with C&TC-related training needs as requested by CHB/Tribe staff, Head Start, school clinics, tribal providers, public and primary care health clinics in consultation with DHS.

- Technical assistance service
  - Provide technical assistance to managed care and FFS providers, county staff, Head Start and tribal providers, C&TC Coordinators, MCOs and other eligible participants on C&TC related components such as anticipatory guidance, hearing/vision screening.
  - Provide consultation and technical assistance to C&TC Coordinators, public health, primary care, and tribal governments to enhance effectiveness and coordination of C&TC outreach and screening services by:
    - Increasing C&TC Coordinator and PHN linkage
    - Increasing participant access to C&TC providers
    - Disseminating best practice models related to C&TC outreach – all within the context of family home screening and other home screening services provided to Minnesota low income families. Consultation and technical assistance will be provided within the context of the Local Public Health Act, and state and national goals (e.g. Title V, EPSDT). These activities may be provided through site visits, regional MCH/C&TC Coordinators meetings, ITV updates, phone conversations, workshops/conferences, newsletters and e-mail correspondence.
Consultation services

- 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 C&TC Coordinator/staff training and revisions/updates of C&TC materials such as the C&TC Provider Guide, screening documentation forms, C&TC component FACT Sheets, the health history form, and other related activities.

- Assist in establishing the state C&TC periodicity schedule and C&TC component standards.

- Work with DHS and national health professional organizations and educational programs/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 C&TC regional meetings sponsored by DHS.

- Partner with the state interagency screening program team (DHS, MDH, MDE) which works to promote screening through collaborative efforts such as interagency workshops and creating materials to assist screening programs such as the Minnesota Quality Indicators and joint screening forms.

- Provide intern and consultant activities including special projects such as contacting other states for their EPSDT program information.

- Conduct evaluation and report activities on services provided to DHS.

MDH training for the C&TC Program:

MDH provides a number of face-to-face trainings for providers of C&TC, both primary care and public health. The following in-person trainings are offered by MDH:

C&TC Comprehensive Screening Components Training (formerly 3-Day training)

C&TC Best Practices in Well Child Screenings (formerly C&TC 1-Day)


Hearing and Vision Screening - best practices, recent updates and guidelines for referral.

Developmental and Mental Health Screening - recommended screening instruments, implementing their use in clinical practice, and referral resources.
For more information, refer to the [C&TC MDH Training Website](#).

MDH also provides a number of free on-line E-Learning trainings such as Developmental, Lead and Oral/Dental Health Screenings. For more information, refer to the [C&TC MDH E-Learning Trainings Website](#).

**Resources**

- [C&TC Screening Components Standards and Guidelines](#)
- [Developmental and Mental Health Screening of Young Children in Minnesota](#)
- [C&TC/MDH Screening Component FACT Sheets](#)
Minnesota C&TC Coordinator’s Role

C&TC Coordinator Website
C&TC CHB/Tribe Coordinator List

Each C&TC contracting CHB/Tribe in Minnesota has a C&TC Program Coordinator. Some coordinators have responsibility for more than one county, and some counties have more than one coordinator. There are currently 86 C&TC Coordinators in Minnesota which has 87 counties and 11 tribes. This number reflects the 4 participating tribes.

C&TC Coordinators are typically county or tribal public health nurses (PHN). DHS policy requires that a C&TC Coordinator be a PHN if at all possible. Exceptions are made for work force shortages. When a PHN is unavailable, the coordinator should be a health professional with a nursing, health education or other health related degree and should be under the direct supervision of a PHN.

C&TC Coordinators are responsible for C&TC administrative services in their CHB/Tribe. Coordinators may do many of the following activities themselves or supervise others who do them. Whatever the local staffing situation may be, the coordinator is directly responsible for overseeing the local C&TC Program and ensuring compliance with DHS policy, federal requirements and contractual agreements.

C&TC Coordinators must:

- Ensure that the current approved CHB/Tribe contract requirements, (e.g., required activities within the 5 administrative services contract objectives), are being met
- Provide timely information to eligible families/children about participation in, and the health care benefits, of the C&TC Program
- Identify families needing or requesting assistance with access to C&TC related services
- Assist families/children needing or requesting access to C&TC services (e.g., make appointments, arrange for transportation and interpreters)
- Inform families of local provider information for providers of C&TC related services
- Maintain provider list information. Provider lists include information on medical, dental, (FFS/MCO), transportation, interpreter services and alternate communication resources for those who are vision or hearing impaired or who cannot communicate in English
- Make provider lists available to families/children upon request
- Provide follow-up on referrals made during a screening for further assessment, diagnosis and/or treatment made or determine if the child has received follow-up services. Assist with access to follow-up services as needed
- Identify and track families’ interest to participate in the program
• Keep appropriate program documentation (e.g., CATCH, and reports per instructions) from DHS

• Coordinate C&TC with other related child/health programs, including but not limited to WIC, Head Start and Title V Programs. Coordination with WIC is a required C&TC activity.

• Provide program and training information to providers and work with health plans to coordinate outreach to providers

• Provide program information to C&TC screening service providers. Assist with arranging training for C&TC providers and clinic staff as appropriate. For example, C&TC Coordinators may provide program information, health plans may provide billing information and MDH staff may provide training on screening components as needed.

• Work closely with health plan (MCO) representatives, MDH and DHS to coordinate C&TC services and program objectives

• Coordinate all local required C&TC program activities

• Seek DHS approval when changing work plan contract activities

• Find additional creative ways, beyond basic required activities, to provide effective outreach to the diverse populations within the CHBs/Tribes

• Participate in C&TC regional group meetings

• Coordinate activities within CHBs/Tribes to increase effectiveness and maximize use of resources

• Comply with all DHS reporting requirements

• Provide C&TC administrative services orientation and training for new C&TC staff

• Attend new coordinator training and other C&TC trainings offered by DHS or in conjunction with other state agencies

• Plan for local C&TC Program continuity in the event of C&TC staff changes. This includes establishing written program protocols to assist in times of transition. The C&TC Coordinator has the responsibility to ensure that contract activities continue in the event of CHB/Tribe changes such as C&TC staffing losses or additions.

• Establish and maintain C&TC Program activity protocols for all required activities such as sending letters, outreach activities to clients and providers, CATCH system use/management protocols

• Participate in and coordinate the activities to complete the C&TC contract process
- Use all available funds to reach and maintain the program goal of a minimum of 80% participation

- Maintain CATCH system; the C&TC Coordinator has responsibility to maintain program data security/backup, compliance with HIPAA, train new staff, ensure there is always more than one person who knows and can operate the main functions of CATCH such as downloads, letters, and reports

- Ensure that the CHB/Tribe bills regularly (monthly, or no less than quarterly) for C&TC administrative services

- Monitor program expenditures monthly or at least quarterly

- Learn the contents of the C&TC Coordinator Handbook. Be familiar with the web link and resource information. Use the Handbook on-line to stay updated with any changes. If printing the handbook, coordinators are responsible to update their copy as changes are made by DHS.

**Resources**

- [C&TC Coordinator Website](#)

- [C&TC CHB/Tribe Coordinator List](#)

- [C&TC Map of Regional Groups](#)
Minnesota C&TC Managed Care Organization (MCO)
Representative’s Role

Minnesota Council of Health Plans

Health plans contract with DHS to provide coverage for health care services which include C&TC screening and follow-up services to clients and families on Medical Assistance (MA) and MinnesotaCare health insurance programs.

Health plans are sometimes referred to as Managed Care Organizations (MCOs). There are currently eight MCOs in Minnesota:

- Blue Plus of Minnesota
- HealthPartners
- Itasca Medical Care (IMCare)
- Medica
- Metropolitan Health Plan (MHP)
- PrimeWest
- South Country Health Alliance (SCHA)
- UCare

Assistance Available to Families:

Health plans offer an array of services that help their 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)
- Providing transportation to and from C&TC screening and other health care services
- Providing interpreter services during health care screenings for children and families who are non-English speaking or use American Sign Language
- Providing access to TTY for hearing impaired members if needed
- Staffing a 24 hour nurse information line
- Providing case management services for certain health problems such as asthma or high-risk pregnancies
- Sending newsletters that have health related topics and information about their health plan coverage

Many health plans offer additional services to encourage members to access preventive care and lead healthy lives. Examples of additional services that may be offered are car seats, smoking
cessation programs, health handbooks and gift card incentives for receiving preventive health care.

Assistance Available to Providers:

Health plans assign public program representatives to work with DHS, MDH, the C&TC Coordinators, provider clinics and others on projects/issues related to the C&TC Program.

Health Plan Representatives Provide the Following to C&TC Providers and Clinics:

- Ongoing technical assistance and training about C&TC billing, coding and reimbursement questions
- Assistance with improving clinic flow and processes to capture all C&TC components in each individual C&TC screening
- On-site and regional training on program requirements and component chart documentation requirements for C&TC. Clinic C&TC training is often conducted jointly with C&TC Coordinators and health plan staff.
- Data reports and other information that can help to improve C&TC participation rates (some health plans may not provide this)
- Contract provisions ensuring that C&TC requirements be fulfilled

Health Plan Representatives May Also:

- Collaborate with community partners such as schools, the Sustainable Resource Center, CLEAR Corps USA, Head Start/PICA, local health departments and community organizations
- Serve on state agency committees and workgroups
- Offer providers information to help them become more culturally competent

Resources

- Minnesota Council of Health Plans
- Health Plan Information and Resources
  This is a Dakota County Website where health plan information is located.
Section H

C&TC Helpful Websites and Abbreviations and Acronyms
Child and Teen Checkups (C&TC) Helpful Websites

Child and Teen Checkups (C&TC) Abbreviations and Acronyms