

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	December 17, 2024	Staff Lead:	Krista Early
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approval of Child and Teen Checkup Contract, budget and work plan for 2025		

BACKGROUND:

The Child and Teen Checkup Program is a comprehensive and periodic screening program to help assure children are visiting their physician for appropriate well child exams and treatment. This is a federal program that is administered by the Minnesota Department of Human Services, whom we get our funding from. Children newborn through the age of 21 who are enrolled in medical assistance are eligible for this program.

Local Public Health is required by this program to do outreach to these families to inform and assist them with getting the medical and dental services they need. Phone calls and letters are mailed out to families, as well as some face-to-face visits, to encourage regular and routine well child visits.

Staff also connects with medical clinics to assist them with resources so they can do a complete checkup and answer potential billing questions so the clinics can get appropriate reimbursement for these services.

The budgeted amount for these services for calendar year 2025 from the Department of Human Services is \$77,698.00

RECOMMENDATION:

GCHHS recommends approval of the Child and Teen Checkup Contract, budget and work plan to continue these services in our county.

Amendment No. 1 for Grant Contract No. 229894

Contract Start Date:	1/1/2024	Original Contract Amount:	\$70,861.00
Original Contract Expiration Date:	12/31/2026	Previous Amendment(s) Total:	\$ -0-
Current Contract Expiration Date:	12/31/2026	This Amendment:	\$ 77,698.00
Requested Contract Expiration Date:	n/a	Total Contract Amount:	\$ 148,559.00

This amendment (“Amendment”) is by and between the State of Minnesota, acting through its Department of Human Services, Purchasing and Service Delivery Division (“STATE”) and **Goodhue County Health and Human Services**, located at **426 West Avenue, Red Wing, MN 55066**, an independent contractor, not an employee of the State of Minnesota (“COUNTY”).

Recitals

1. STATE has a grant contract with COUNTY identified as Grant No. **229894** for Early and Periodic Screening, Diagnosis and Treatment (EPSDT), also known as Child and Teen Checkups (C&TC) Administrative Services to Medical Assistance (MA) eligible children, birth through 20 years of age (“Original Grant Contract”);
2. STATE and COUNTY agree that additional funds and revision of duties are necessary for the satisfactory completion of the grant contract;
3. STATE and COUNTY agree to amend the contract as stated below:

Contract Amendment

In this Amendment, changes to Original Grant Contract language will use ~~strike through~~ for deletions and underlining for insertions.

The parties agree to the following revisions:

REVISION 1: Clause 2, “**COUNTY’S DUTIES**,” is amended as follows:

2. COUNTY’S DUTIES.

2.1 Duties. COUNTY shall perform duties in accordance with **Attachment A-1**: “County Duties,” which is attached and incorporated into this CONTRACT.

2.2 Accessibility. Any information systems, tools, content, and work products produced under this

CONTRACT, including but not limited to software applications, web sites, video, learning modules, webinars, presentations, etc., whether commercial, off-the-shelf (COTS) or custom, purchased or developed, must comply with the Minnesota IT Accessibility Standards, as updated on ~~June 14, 2018~~July 1, 2024. This standard requires, in part, compliance with the Web Content Accessibility Guidelines (WCAG) 2.0¹ (Level AA) and Section 508 ~~Subparts A-D~~ of the Rehabilitation Act of 1973.

Information technology deliverables and services offered must comply with the MN.IT Services Accessibility Standards¹ and any documents, reports, communications, etc. contained in an electronic format that COUNTY delivers to or disseminates for the STATE must be accessible. (The relevant requirements are contained under the “Standards” tab at the link above.) Information technology deliverables or services that do not meet the required number of standards or the specific standards required may be rejected and STATE may withhold payment pursuant to clause 3.2(a) of CONTRACT.

REVISION 2: Clause 3, “**CONSIDERATION AND TERMS OF PAYMENT**,” is amended as follows:

3. CONSIDERATION AND TERMS OF PAYMENT.

3.1 Consideration. STATE will pay for all services satisfactorily provided by COUNTY under this CONTRACT.

a. Compensation. Compensation will be calculated as follows:

1. All compensation shall be determined per Calendar Year (CY) or budget period.
2. The amount of funding available for each CY or budget period is based on an ~~annual~~ estimated number of children eligible for MA, birth through age 20, to be served by COUNTY, multiplied by \$26.50 per child, which will be provided to the COUNTY by the STATE. If the budget period is less than 12 months, the amount of funding will be pro-rated.
3. Compensation and reimbursement will be consistent with the ~~Annual~~ Budget Worksheet, as revised and approved by the STATE, and based on actual expenditures. The ~~Annual~~ Budget Worksheet for CY 2024 is attached and incorporated into this CONTRACT as **Attachment B**. The CY2025 Budget Worksheet is attached and incorporated into this CONTRACT as **Attachment B-1**.

b. Travel and subsistence expenses. Reimbursement for travel and subsistence expenses actually and necessarily incurred as a result of COUNTY's performance under this CONTRACT shall be as indicated in the C&TC Administrative Services ~~Annual~~ Budget Worksheet for each Calendar Year or budget period and shall be reimbursed in no greater an amount than provided in the most current Commissioner’s Plan (which is incorporated by reference), promulgated by the Commissioner of Minnesota Management and Budget. The Commissioner’s Plan can be found here: <https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp>. COUNTY shall not be reimbursed for travel and subsistence expenses incurred outside the geographical boundaries of Minnesota unless it has received prior written approval from

¹ <https://mn.gov/mnit/about-mnit/accessibility/>

STATE. Minnesota shall be considered the home state for determining whether travel is out of state.

c. **Total obligation.** The total obligation of STATE for all compensation and reimbursements to COUNTY shall not exceed **One Hundred Forty Eight Thousand Five Hundred Fifty Nine Dollars and No Cents \$148,559.00**, in accordance with the following CY or budget period:

- i. **CY 2024 (January 2024-December 2024): Seventy Thousand Eight Hundred Sixty One Dollars and No Cents \$70,861.00**
- ii. **CY 2025 (January 2025-December 2025): Seventy Seven Thousand Six Hundred Ninety Eight Dollars and No Cents \$77,698.00**

d. **Withholding.** For compensation payable under this CONTRACT, which is subject to withholding under state or federal law, appropriate amounts will be deducted and withheld by STATE as required.

e. **Budget Revisions.** COUNTY can move up to 10% of the total compensation for the calendar year or budget period, or ten thousand dollars (\$10,000), whichever is less, from one budget line to another budget line for activities that are included in the approved annual work plan without STATE approval. Notwithstanding Clause 16.1 of this CONTRACT, budget revisions in excess of these thresholds will be done via an amended budget worksheet and written approval from the STATE. Amendments are required to add a budget line item or to increase or decrease the total grant award, pursuant to Clause 16.1 of this CONTRACT.

3.2. Terms of payment

a. STATE, using the Medicaid Management Information System (MMIS), will promptly pay COUNTY after the submission of a claim for services performed. Claims will be submitted in a timely manner and at least quarterly.

b. **Federal funds.** Payments are to be made from federal funds. If at any time such funds become unavailable, this CONTRACT shall be terminated immediately upon written notice of such fact by STATE to COUNTY. In the event of such termination, COUNTY shall be entitled to payment, determined on a pro rata basis, for services satisfactorily performed.

1. **Pass-through requirements.** COUNTY acknowledges that, if it is a subrecipient of federal funds under this CONTRACT, COUNTY may be subject to certain compliance obligations. COUNTY can view a table of these obligations in the [Health and Human Services Grants Policy Statement](#),² Exhibit 3 on page II-3. To the degree federal funds are used in this contract, STATE and COUNTY agree to comply with all pass-through requirements, including each Party's auditing requirements as stated in 2 C.F.R. § 200.331 (Requirements for pass-through entities) and [2 C.F.R. §§ 200.501-521 \(Subpart F – Audit Requirements\)](#).³

² <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

³ <https://www.govinfo.gov/content/pkg/CFR-2018-title2-vol1/pdf/CFR-2018-title2-vol1-sec200-501.pdf>

2. *COUNTY's Name*: **County of Goodhue** (Must match the name associated with the ~~DUNS UEI~~ number.)
3. *COUNTY's ~~Data Universal Numbering System (DUNS) Unique Entity Identifier~~ number*: **EUJSNVR85T71** The ~~DUNS UEI~~ number is the ~~nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities and must match COUNTY's name.~~ 12-character alphanumeric identifier established and assigned at SAM.gov to uniquely identify business entities and must match GRANTEE's name.
4. *Federal Award Identification Number (FAIN)*: 2005MN5ADM
5. *Federal Award Date*: Awarded quarterly, October 1, January 1, April 1, and July 1 of each federal fiscal year.
6. *Period of Performance*: Start date: **See section 1.1 above.** End date: **See section 1.2 above.**
7. *Amount of federal funds*:
 - A. Total Amount Awarded to DHS for this project: Varies quarterly. For quarter beginning 7/1/2023, total grant award was \$10,971,742.00.
 - B. Total Amount Awarded by DHS for this project to COUNTY named above: **See section 3.1.c. above.**
8. *Federal Award Project description*: Provides financial assistance to States for payments of medical assistance on behalf of categorically-eligible and medically-needy persons.
9. *Name*:
 - A. Federal Awarding Agency: Centers for Medicare and Medicaid Services, Department of Health and Human Services
 - B. MN Dept. of Human Services (DHS)
 - C. Contact information of DHS's awarding official: State Medicaid Director, Minnesota Department of Human Services, PO Box 64963, St. Paul, MN 55164-0963
10. *CFDA Number & Name*: Payments are to be made from federal funds obtained by STATE through Catalog of Federal Domestic Assistance (CFDA) No. **93.778**
11. Is this federal award related to research and development?: Yes No
12. Indirect Cost Rate for this federal award is: 10% (including if the *de minimis* rate is charged.)
13. Closeout terms and conditions for this federal award: See, generally, 42 CFR Subchapter C, and 45 CFR § 75.381.

REVISION 3: Attachment A-1 is attached to this Amendment, and is hereby attached and incorporated into the Original Grant Contract and replaces Attachment A.

REVISION 4: Attachment B-1 is attached to this Amendment and is hereby attached and incorporated into the Original Grant Contract.

REVISION 5: The footers in the Original Contract are amended to correct the contract number as follows: Contract #: ~~GRK%181322~~ **229894**

EXCEPT AS AMENDED HEREIN, THE TERMS AND CONDITIONS OF THE ORIGINAL GRANT CONTRACT AND ALL PREVIOUS AMENDMENTS REMAIN IN FULL FORCE AND EFFECT AND ARE INCORPORATED INTO THIS AMENDMENT BY REFERENCE.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

Signature page follows

APPROVED:

1. STATE ENCUMBRANCE VERIFICATION

Individual certifies that funds have been encumbered as required by Minnesota Statutes, chapter 16A and section 16C.05.

By: _____ paid through MMIS_____

Date: _____ n/a_____

Grant No: _____

2. COUNTY

Signatory certifies that County’s articles of incorporation, by-laws, or corporate resolutions authorize Signatory both to sign on behalf of and bind the County to the terms of this amendment. County and Signatory agree that the State Agency relies on the Signatory’s certification herein.

By: _____

Title: Goodhue County HHS Director

Date: _____

3. STATE AGENCY

Individual certifies the applicable provisions of Minnesota Statutes, section 16B.97, subdivision 1 and Minnesota Statutes, section 16B.98 are reaffirmed.

By (with delegated authority): _____

Title: _____

Date: _____

Attachment A-1. County Duties

- A. COUNTY will provide C&TC administrative services to children birth through age 20 who are enrolled in Medical Assistance (MA), who reside within the COUNTY, and who are not assigned to a participating Tribe.
- B. COUNTY will comply with program regulations, policies, procedures, directives and revisions thereto as identified in STATE's C&TC program communications (such as the C&TC Coordinator Handbook, provider updates, and program manuals), which are incorporated herein by reference.
- C. COUNTY will provide adequate and appropriate training for staff assigned to activities and duties described in this CONTRACT.
- D. COUNTY will require C&TC Coordinator(s) to attend any available and appropriate C&TC training offered by STATE including training offered through the Minnesota Department of Health (MDH).
- E. COUNTY will promote MDH C&TC trainings to health care providers in COUNTY's geographic area and will attend MDH health care provider training as appropriate to encourage ongoing consultative and technical assistance relationships with local health care providers.
- F. COUNTY will provide CATCH Database training for new and current C&TC staff and will require new and current C&TC Coordinator(s) to attend any available CATCH training offered by STATE.
- G. COUNTY will maintain a fully secure and functional CATCH system for use in the completion of contracted duties and responsibilities by following STATE's instructions and requirements, including CATCH system requirements; the CATCH User Manual; CATCH email updates; and CATCH monthly download emails, which are incorporated herein by reference.
- H. COUNTY will determine the willingness of eligible families and children to participate in the C&TC Program and will document this activity in the CATCH system.
- I. COUNTY will demonstrate attempts to provide outreach to all eligible families and children through written, oral and/or face-to-face communications and will maintain dated documentation of outreach and follow-up in the CATCH system.
- J. COUNTY will document all activities which are designed to increase C&TC screening services participation ratios as identified in the Work Plan document, attached and incorporated into this CONTRACT and referred to as Attachment C.
- K. COUNTY will complete and submit the C&TC Administrative Services ~~Annual~~ Budget Worksheet for approval each year or budget period.

- L.** COUNTY will complete and submit the C&TC Work Plan for approval each year or budget period.
- M.** COUNTY will comply with all C&TC program administrative and reporting requirements and revisions thereto as identified and approved by STATE.
- N.** COUNTY will submit all required annual reports as prescribed by STATE each year for the previous calendar year. STATE will send COUNTY electronic copies of the required annual report forms at least 60 days before they are due.
- O.** COUNTY will obtain prior STATE approval for new C&TC outreach activities, not already approved on the C&TC SharePoint site, such as media projects, evaluations and survey activities (not identified in the approved Work Plan) before implementation. STATE will offer support for new initiatives and current projects consistent with C&TC Program goals as well as offer technical and research assistance. Notwithstanding Clause 9 (amendments to grant) of this CONTRACT, the additions to the Work Plan can be done as an amended Work Plan worksheet.
- P.** COUNTY will comply with STATE's requirements for pilot projects and new initiatives, incorporate an appropriate evaluation component to monitor the effectiveness of the project outcome, and include a final report to STATE at the conclusion of the project period.
- Q.** COUNTY will seek and obtain written STATE approval to remove activities from the approved Work Plan. Notwithstanding Clause 9 (amendments to grant) of this CONTRACT, removal of activities from the Work Plan can be done as an amended Work Plan worksheet.
- R.** COUNTY will demonstrate efforts to use all available resources to increase C&TC participation.
- S.** COUNTY will maintain contract and Work Plan activity records for 6 years after the contract has expired.
- T.** Comply with the terms and conditions set forth in CHB's Minnesota Department of Human Services Provider Agreement, and amendments and supplements thereto, which are on file with STATE's Health Care Administration, Member and Provider Services Division, 540 Cedar Street, St. Paul, MN 55155 and incorporated herein by reference.

2025 Budget Worksheet - Attachment B1

Goodhue County Health and Human Services

2,932

Community Health Board/Tribal Nation

Estimated number of C&TC eligible children

Staffing Costs

Position	Annual C&TC Hours	Full-Time Equivalent (FTE)	Salary/Wages	Fringe Benefits	Total Salary/Wages & Fringe Benefits
Supervisor	10	0.00	\$579.20	\$210.50	\$789.70
Outreach staff	150	0.07	\$7,545.00	\$2,893.50	\$10,438.50
Clerk or support staff	1,282	0.62	\$36,284.94	\$12,557.86	\$48,842.80
Total	1,442	0.69	\$44,409.14	\$15,661.86	\$60,071.00

Equipment Costs

Computer costs	\$0.00
Other equipment costs	\$0.00
Total equipment costs	\$0.00

Other Direct Costs

Office supplies	\$0.00
Printing	\$1,500.00
Postage	\$2,500.00
Telephone	\$0.00
Office space	\$0.00
Interpreter/translation services	\$470.61
Trainings, conferences, workshops, and other meeting expenses related to C&TC	\$500.00
C&TC outreach supplies	\$5,000.00
C&TC outreach advertisement	\$2,250.00
Other	\$0.00
Total other direct costs	\$12,220.61

Subcontractor/Consultant Costs

Total subcontractor/consultant costs	\$0.00
---	---------------

Indirect Cost

Total indirect cost	\$5,406.39
----------------------------	-------------------

Travel Costs

Mileage	\$0.00
Lodging, meals, per diem, etc. for trainings, conferences, workshops, and meetings related to C&TC	\$0.00
Total travel costs	\$0.00

Total budgeted amount (rounded down to the nearest dollar)	\$77,698.00
---	--------------------

Total C&TC costs per eligible child (not to exceed \$26.50)	\$26.50
--	----------------



2025 Budget Worksheet - Attachment B1

IN WITNESS WHEREOF, CHB/TRIBAL NATION and STATE have mutually agreed with this Budget Worksheet.

FOR CHB/TRIBAL NATION: _____

Title: Goodhue County HHS Director _____

Date: _____

FOR STATE: _____

Title: _____

Date: _____

Work Plan - Objective 1

Federal/State Requirements: Information about the C&TC Program must be provided to enrolled children birth through age 20 and/or their families within 60 days of the eligibility determination. Families/children must be effectively informed using a combination of written, oral, or face-to-face methods. Choose methods of communication that are most effective within your communities. Include information about the benefits of preventive health care, the services available under the C&TC 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.

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

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

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

1. Effectively inform children and their families about the benefits of participation in the program within 60 days of eligibility determination. A combination of face-to-face, oral, and written informing activities is most productive. Use clear, non-technical language, at or below a 7th-grade reading level in all written communication.

All families are contacted within 60 days of when they become eligible for MA. This is maintained via monthly Catch III downloads. They are contacted by mail, and also either a follow-up phone call, a home visit by one of our nurses, or through WIC contact. Information is entered and updated regularly using Catch III software system database. Families are encouraged to ask specifically for a C&TC when making an appointment . We provide DHS-6555 "Getting the most out of your child's checkups with all mailings.

2. Children (and their families) involved in foster care should be informed through responsible CHB/Tribal Nation child case or social workers, foster care parents, or legally responsible guardians. At least annually, inform homes/institutions providing foster care and social service workers of C&TC program services available to children in foster care and develop a process to assure children in foster care receive C&TC information.

C&TC letters for children in foster care are provided to us via Foster Care Transmittals to ensure accurate address and from that letters are mailed. Letters are sent at least annually or more often based on the child's age and according to the periodicity schedule. Outreach will also be done annually with social workers regarding the program, including information regarding periodicity schedule, MCO/PMAP incentive vouchers and other pertinent updates, so they may share this information with foster families . C&TC brochures/incentives are provided to County Social Workers so they can provide to foster care families/foster care children.

3. Provide effective means to inform eligible children and their families who need additional assistance because of disabilities or home language needs(i.e. visual or hearing impairment, English language learners, etc.). Provide communication through an interpreter or translated written material when appropriate.

Families are provided both written information as well as a phone call, home visit, or through a WIC contact. This provides the ability to reach both blind and deaf clientele, as well as those who cannot read. C&TC brochures are available to clients in other languages and interpreters are used for contacting clients who would like assistance with scheduling appointments, and are not proficient in the English language.

4. After effectively informing /children and their families about C&TC, determine if their response is "yes", "no" or "undecided" about accepting C&TC outreach benefits. Document their response using the CATCH system. New families will appear in the CATCH 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 families as "undecided" or "U" in CATCH. Keep 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 outreach 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.)

Documentation of family response to information regarding C&TC is done in the Catch III system. Families with a "no" response to C&TC will not be contacted for a full year until their renotification letter is generated by the Catch III system when the screenings are due. After one year families are called/contacted to find out "Y", "N", or "U" regarding accepting C&TC. Reminder letters resume as well as renotification letter if appropriate.

5. Maintain dated documentation of children and their families who are informed about the program by written, oral, or face-to-face methods.

Information regarding contact is entered and updated regularly using Catch III software system database.

6. Remind eligible children and their families when their next C&TC screening is due, according to the current MN Schedule of Age-Related Screening Standards (periodicity schedule). Maintain dated documentation of all reminder activities A combination of face-to-face, oral, and written informing activities is most productive.

Periodicity reminder letters are generated and sent each week using the Catch III software system database. The "Getting the most out of your child's checkups" age appropriate brochure is included in each reminder letter. Outreach is also done through WIC contacts and home visits to remind families when screenings are due. All contact is documented and updated using the Catch III system.

7. Share program updates, 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 outreach to eligible children and their families (including pregnant people) about the program and its benefits.

Meetings are held as needed with all agency divisions, including income maintenance staff, social services staff (mental health and child protection), child support staff, front desk staff, and waiver case management staff. These meetings enhance program outreach and consistency in information. Meetings are also held on an as needed basis with staff supervisor to communicate goals and explore additional outreach methods. C&TC coordinator attends monthly family health staff meetings (including WIC staff) to keep staff up to date on new program information.

8. Other activities provided to meet this objective.

Work Plan - Objective 2

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

Federal/State Requirements: Families must receive assistance with scheduling screening or referral appointments and arranging transportation and interpreter services without delay. 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 children and their families.

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

1. Assist children and their families who request assistance with obtaining screening and/or referral services without delay.. Offer assistance, as needed, with making an appointment, transportation, or interpreter services. To obtain screening referral information, run CATCH system report at least monthly. Keep dated documentation.

Families requesting assistance with screenings are contacted within 10 days of Goodhue County Health and Human Services receiving request. Results of all requests are documented in Catch III. Families are contacted via phone or follow up letter in the allotted time period. Contact information is provided in letters to families as well as during face-to-face visits and phone calls if families need more information or assistance with scheduling an appointment.

2. Maintain and provide upon request a current list of C&TC screening service providers, identify both fee-for-service and Prepaid Medical Assistance Program (PMAP) Health Plan, dental service providers and vision and hearing screening providers. Include addresses (physical or website), telephone numbers, service hours, or other helpful contact information. Update as needed or at least annually. Use of provider information from online resources is acceptable.

Current list of providers is maintained by Goodhue County Health and Human Services C&TC staff. This list is given or sent to eligible participants at any time upon request and also as a part of the introductory mailing. MA medical and dental providers are updated semiannually on this list. The list includes physical address, phone, and pertinent information such as if that provider is taking new patients, etc. This list is sent with every introduction letter, three year old letter, and as requested. Vision and Hearing screens are conducted by Primary Care Providers.

3. Maintain and provide upon request a current list of transportation providers. Include addresses (physical or website), telephone numbers and service hours or other helpful contact information. Update as needed or at least annually. Also, work with health plan representatives to assist families in accessing transportation through their health plan.

Current list is on file at Goodhue County Health and Human Services. Transportation information is provided upon request including addresses, phone numbers and service hours. Assistance in making transportation arrangements to appointments as needed is available as needed. This list is updated when changes occur and annually. Families are informed they can also get assistance setting up transportation through South Country Health Alliance and Blue Plus, our local PMAP plans.

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

TDD services are available per Goodhue County Health and Human Services policies. Cyracomm interpreter services are available for interpretation and translation on languages, including sign language, as well as several interpreters in local area. Assistance is available as needed in making interpreter arrangements. Interpreter information available upon request. Our policy for the visually impaired states we will read all material that is presented. Our contacts would be by phone and direct contact. Braille materials will be looked at if needed. This list is updated annually.

5. Other activities provided to meet this objective.

Work Plan - Objective 3

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

Federal/State Requirements: Children and their families may decline C&TC outreach services at any time. If a family chooses not to participate in outreach measures, 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/children who are eligible for screening services, regardless of their initial response to the C&TC 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 services.

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

1. Maintain dated documentation of families/children who say “no” to participation in the program.

Information is maintained and documented in the Catch III software system database. Families will not be contacted within 1 year if they say no to participation in the program. Letters will be regenerated in 1 year by the Catch III program when child is then next eligible for screening.

2. 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.

Re-notification letters will be generated by the Catch III system if families have not participated in a C&TC screening for a year. These letters are generated and mailed on a weekly basis. Re-notification letters are followed up with a phone call to families, a home visit by a nurse or through WIC contact. All contacts are documented within the Catch III system.

3. Other activities provided to meet this objective.

Work Plan - Objective 4

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 should also be coordinated as appropriate with other child, teen and young adult programs including Head Start, Maternal and Child Health (MCH) programs, public schools, mental health services, and immunization programs/registries.

Guidelines: (1) Coordination efforts should contain costs, improve service delivery overlap, cut duplication, comply with HIPAA and close gaps in services; (2) Pursue community collaborative efforts (health fairs, screening services, health forums and public awareness; (3) written interagency agreements should delineate roles and responsibilities, provide monitoring and evaluation of activities and disperse funds.

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

1. Women, Infants and Children (WIC) Program

A list is generated C&TC staff of all eligible families/children. WIC staff make contact with WIC recipients on MA and provide C&TC information. Phone numbers are also given if assistance is needed to schedule an appointment. All WIC eligible families are sent a brochure describing WIC, including how to enroll in WIC and the phone number for the local WIC office. When phone calls are placed to families to discuss C&TC, information is also given verbally regarding WIC and how to enroll when appropriate.

2. Places of education (e.g. Early Childhood Screening, Head Start, junior or senior high schools, higher education facilities, etc.)

C&TC screenings are offered to Head Start children via physician offices. Goodhue County Health and Human Services currently has a contract with Head Start for consultation services regarding health record review, information sharing and outreach regarding C&TC. Colvill Family Center provides co-location activities of Head Start, ECFE, ECSE, and preschool programs. Yearly outreach is provided to staff.

3. MCH Programs (e.g. home visiting, if appropriate)

Family health nurses include C&TC outreach at their regularly scheduled home visits. C&TC outreach coordinator attends Family Health Staff Meetings and provides program updates . Provide C&TC brochures/incentives to family home visiting clients.

4. Other: Children's Mental Health, Housing Programs, Information and Referral Services, Health Related Services, childcare centers/homes, Support Services, immunization registries, etc.

C&TC Coordinator is available as a resource for community as needed. C&TC staff participates collaboratively with other GCHHS staff in the annual Goodhue County Fair with brochures and incentives available. Other community outreach includes local school wellness expos and community events as they arise and collaborate with DP&C staff to provide a display in GCHHS lobby for National Immunization week. Goodhue County also participates in the Southeast Social Media Campaign which includes social media ads, and targeted streaming TV ads.

Work Plan - Objective 5

Inform local providers about the C&TC Program. Providing information and technical assistance to providers of participating Integrated Health Partnership (IHP) clinics is not a requirement; however, collaboration between county, tribal, and C&TC staff and IHP staff is encouraged.

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

Guidelines: C&TC Administrative Service agencies are required to identify and provide information and technical assistance to C&TC providers outside of the IHP network. However, as time allows, keeping connections with all local providers is acceptable. C&TC Administrative Service agencies may provide training on program requirements, request MDH staff to train local providers or promote C&TC trainings offered through MDH.

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

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 substantive clinic visits, telephone calls, emails, and mailings (e.g. newsletters, update memos, etc.). Promote use of [provider documentation forms](#) to capture all C&TC components.

Meetings will be scheduled with clinics yearly and on an as needed basis. Via email or in person distribute (as needed) updates to the C&TC Provider Information Guide (available online at DHS website). Send periodic informational program updates to clinics & offers of assistance. Maintain current clinic staff contact list to facilitate communication. Make frequent phone calls and/or emails to maintain contact with clinic staff. Conduct C&TC program overview training. Provide clinic staff with web links to find updated information/training/resources.

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

C&TC staff attend regional C&TC meeting on a quarterly basis to discuss information and resources with other C&TC providers to promote consistent messages to children/families. Health program staff attend these meetings as well. South Country Health Alliance is the health plan for MA in Goodhue County. South Country is a county based purchasing plan and coordination is done with this plan on a regular basis, and Goodhue County has a community resource team member who communicates with our health plan regularly. This communication includes information regarding C&TC. Any new information or questions are then passed on to providers as appropriate.

3. Identify C&TC provider training needs and coordinate training with MDH, DHS, 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.

Ongoing contact with clinics to assess ongoing commitment to providing screenings and to identify perceived training needs, as well as to keep providers current on information regarding C&TC program. Phone contacts, virtual meetings, as well as face to face contacts will be made with providers to discuss training needs. Meetings will be set up with providers to address issues and keep providers current. Training will be coordinated with DHS, MDH, and health plan representatives as needed to address needs.

4. Distribute the [Provider Guide](#) web link as needed and when updated. Inform providers of the [Minnesota Health Care Program \(MHCP\) Provider Manual – C&TC section](#). For providers needing additional information, coordinate with appropriate agency representatives.

Goodhue County Health and Human Services will continue to distribute the C&TC Provider Guide web link as needed and as updates are available. PMAP plan managers attend regional quarterly and additional meetings to facilitate information sharing.

5. Act as a referral source for C&TC provider billing issues and encourage review of the billing and claim instructions in the MHCP Provider manual. For fee-for-service questions/issues, refer providers to the Department of Human Services Provider Call Center at: 651-431-2700 or 1-800-366-5411.

Consultation is available through Goodhue County Health and Human Services C&TC Coordinator. Providers are referred to billing information and resource lists for health plan representatives in provider guide as appropriate, as well as the DHS provider Help Desk. Assistance will be offered to providers as needed to utilize all resources available to them.

6. Other activities provided to meet this objective.