

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (H&HS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	09/15/2021	Staff Lead:	Brooke Hawkenson
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 2022		

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.

In June 2021 legislation passed a proposal for Integrated Health Partnerships (IHPs) to complete outreach activities for the Child and Teen Checkup Program. IHPs have the option to opt out of completing this work. We do not yet know which IHPs will be contracting and who will be opting out. For Goodhue County, it is estimated that we have approximately 293 children effected by this. Contracts will go in to effect July 2022.

Due to the legislative changes, our budgets and work plans will be completed in two separate periods. The first budget period will show 50% of our budget January-June 2022 with no changes. The second budget period will reflect legislative changes for July 2022-December of 2022. At this time we are unsure how this will affect our budget, it is dependent on if IHPs in our jurisdiction will opt in or out of the contract.

Until contracts are signed Public Health will continue with outreach duties. 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 the first half of the year from the Department of Human Services (DHS) is \$51,393.00.

RECOMMENDATION:

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

Child and Teen Checkups (C&TC)

September 2021

Child and Teen Checkups Outreach Redesign

The legislative proposal to provide Integrated Health Partnerships (IHP) an opportunity to partner in Child and Teen Checkups (C&TC) outreach was passed and became statute in June 2021, during the legislative special session. The expanded statute, MN Stat. 256B.0625, subd. 58, now includes this opportunity for children birth through age 20 who are attributed to a contracted IHP.

We are actively working through many details of this redesign effort with our colleagues who administer and oversee the IHP program.

For details on Integrated Health Partnerships, click [here](#).

Goals

- Cost savings
 - Payment to IHPs will be less than the current per-eligible dollar amount paid to contracted counties and tribes
- Increase outreach efficiency
 - Remove the wait time of submitted claims and system downloads
- Increase well-child visits

Details

- Federal EPSDT Outreach regulations remain unchanged
- Outreach will shift to IHPs who opt this into their contract beginning July 1, 2022
- County and Tribal outreach rate of \$26.50 per eligible remains the same; however, for contract periods less than 12 months the amount of funding will be pro-rated
- 2022 amendments & budgets:
 - Amendments and budgets will be submitted twice for 2022
 - Jan – June 2022 business as usual
 - Because amendment covers half of the year, the \$26.50 is cut to half \$13.25
 - July – Dec 2022
 - Built from number of eligibles minus the number of children attributed to an IHP multiplied by \$13.25 (unknown which IHPs will opt in at this time)

- IHPs contract cycle similar to C&TC
 - We will know which IHPs opt in to do this work by early 2022
- IHPs will use their own data systems for outreach tracking (not CATCH)
- We are working with CATCH IT on how the transitions of children in and out of systems will work
- If a child rolls out of an IHP system, the outreach will move to county/tribe
- For children not attributed to a contracted IHP, the county or tribe will continue outreach with current systems

Remaining questions and details

- How local outreach will continue to dental clinics, social services, foster parents, Head Start, food shelves, homeless shelters, etc.

[text only](#)

2022 Administrative Services Contract

The Minnesota Department of Human Services (DHS) contracts with community health boards (CHBs) and tribal governments (Tribal Nations) to provide direct support to administer required outreach and follow-up activities for the federal Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. In Minnesota, EPSDT is known as the Child and Teen Checkups (C&TC) program. This program is designed to ensure that children enrolled in Medical Assistance (MA) receive comprehensive health care.

The information collected in this survey will be used to prepare the 2022 Jan-June Child and Teen Checkups (C&TC) Administrative Services contract documents. Your response is due by Friday, September 24, 2021. Due to COVID, an extension can be requested by emailing dhs.childteencheckups@state.mn.us. Remember, all contract documents must have appropriate signatures by December 31, 2021. **Work for the new contract year cannot begin until a fully signed contract is in place.**

Due Date: Friday, September 24, 2021

Budget Worksheet

Purpose: Balanced line item budget to maximize outreach funds.

Instructions: Attach the complete 2022 Jan-June Budget Worksheet Excel document for DHS review and approval.

Once this budget document has been approved, line item amounts of \$10,000 or 10% of the total budget, whichever is less, may be moved without DHS approval. Any amount over that threshold will require DHS approval. Submit a budget revision request on the C&TC SharePoint site. Access to the SharePoint site is permission granted. Please contact dhs.childteencheckups@state.mn.us for site access.

To submit an attachment, click on the file attachment button to the left of the response box. A blue box will appear to allow you to choose a file. Once a file is chosen, a reference number will be assigned to the file. This reference number will appear in the response box. If the wrong file was selected by mistake, click the file attachment button again and clear the reference number from the response box. You should now be able to select a new file to attach as a response.

2022 Jan-June Budget Worksheet (Excel)

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Will your CHB/Tribe have any "Other equipment costs"? (If the value in cell G76 is greater than \$0, please select Yes.)

- Yes
 No

Will your CHB/Tribe have any "Other direct costs"? (If the value in cell G91 is greater than \$0, please select Yes.)

- Yes
 No

Appendix B - Contractor Information Form

Purpose: Identify contractor information.

Instructions: This information populated on this form was taken from the 2021 Administrative Services Contract Survey. Please review for accuracy and make changes, as needed, for the 2022 contract cycle.

Contractor Information

Contractor name	Goodhue County Health and Human Services
Contractor mailing address	426 West Avenue, Red Wing, MN 55066
Social Security or Federal Employer ID number	41-6005797
Minnesota tax ID number (if applicable)	8026628
Data Universal Numbering System (DUNS) number	051690642
National Provider Identifier (NPI) number OR Unique Minnesota Provider Identifier (UMPI) number that will be used when submitting claims for 2022 C&TC Administrative Services expenses	1982741096

Contractor Type

C&TC Contract Authorized Representative Information

Representative first and last name	Nina Arneson
Email address	nina.arneson@co.goodhue.mn.us
Phone number (000-000-0000)	651-385-3200
Fax number (000-000-0000)	651-267-4882

Does the representative identified above have the authority to sign grant contracts on behalf of the CHB/Tribal Nation?

- Yes
 No

Attach a copy of the board resolution document authorizing the representative above to sign and execute grant contracts on behalf of the CHB/Tribal Nation.

Data Privacy and Security Responsible Authority

First and last name	Nina Arneson
Email address	nina.arneson@co.goodhue.mn.us
Phone number (000-000-0000)	651-385-3200

How frequently will claims be submitted?

Appendix C - Subcontractor or Consultant Information Form

Purpose: Identify subcontractor or consultant information to assist in meeting outreach contractual duties.

Instructions: The information populated on this form was taken from the 2021 Administrative Services Contract Survey. Please review for accuracy and make changes, as needed, for the 2022 Jan-June contract cycle.

Does your CHB/Tribe plan to work with any subcontractors or consultants?

- Yes
 No

Work Plan - Objective 1

Inform families and/or children from birth through age 20 enrolled in Medical Assistance (MA) about the C&TC Program.

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, and face-to-face methods. Include information such as 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, etc.

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

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 screening program should be provided with additional information.

Required Activities

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

1. Maintain a current electronic list of eligible and newly eligible families and children. (CHB/Tribal Nation must know who the eligible population is to do outreach and follow-up.) *Use the CATCH System according to DHS instructions to assist with maintaining this list.*

Information available and updated monthly via the CATCH software system database. Current list of eligible families/children is maintained through regular/timely Catch III monthly downloads.

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2. Effectively inform 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 an interpreter or translated written material when appropriate.

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/virtual/phone visit by one of our nurses, or a 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.

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3. Families/children 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.

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4. Provide effective means to inform eligible families/children who need additional assistance because of disabilities or home language needs (i.e. visual or hearing impairment, English language learners, etc.).

Families are provided both written information as well as a phone call, home/virtual/phone visit, or 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.

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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 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. 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.)

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.

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6. Maintain dated documentation of families/children who are informed by written, oral, and/or face-to-face methods about C&TC Program.

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

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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.

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 brochures is included in each reminder letter. Outreach is also done at WIC contacts and home/video/telephone visits to remind families when screenings are due. All contact is documented and updated using the Catch III system.

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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/children about the C&TC program and its benefits.

Meetings are held annually with all agency divisions, including income maintenance staff, social services staff (mental health and child protection), child support 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.

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9. Other activities provided to meet this objective.

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Work Plan - Objective 2

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.

Required Activities

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

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.

Catch III introduction letter list is used to identify new families eligible for C&TC services. Families are then followed up with a phone call, WIC contact, or home/video/telephone visit to discuss need for services and if assistance is needed to schedule an appointment or answer any questions and give information regarding the C&TC program.

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

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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/children.

Contact information is provided in letters to families as well as during face to face/video visits and phone calls if families need more information or assistance with scheduling an appointment.

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4. Maintain and provide upon request a current, written list of C&TC screening service providers, (identify both fee-for-service and Prepaid Medical Assistance Program (PMAP) Health Plan providers) dental service providers and vision and hearing screening providers. Include addresses (physical and website, if applicable), telephone numbers, service hours, or other helpful contact information, as appropriate. Lists should be updated at least twice a year. Use of provider information from online resources is acceptable. For example, HelpMeConnect!

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. 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.

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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.

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 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, our local PMAP plan.

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

TDD services are available per Goodhue County Health and Human Services policies. "Language Banc" or local PMAP interpreter services are available for translation of 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.

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7. Provide follow-up on referrals for diagnosis and/or 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.

Referral information is generated from the Catch III system on a monthly download. This list is printed and follow up is done with families to assess if referral services have been received. Monthly report is run via Catch to keep updated on appropriate referral information. Follow-up results and information are documented in Catch.

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8. Other activities provided to meet this objective.

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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: Families/children may decline C&TC services at any time. If a family chooses not to participate in the C&TC 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/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 screening 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 C&TC Program. Families/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.

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.

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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).

Re-notification letter will be generated by the Catch III system a full year after the no response was received, when the child is next eligible for screening based on the periodicity schedule. Re-notification letters are followed up with a phone call to families, a home/video/telephone visit by a nurse or WIC contact. All contacts are documented within the Catch III system.

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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.

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/video/telephone visit by a nurse or a WIC contact. All contacts are documented within the Catch III system.

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4. Other activities provided to meet this objective.

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Work Plan - Objective 4

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.

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 by the C&TC coordinator of all eligible families/children. WIC staff makes contact with MA recipients and provides C&TC information. Phone numbers are also given if assistance is needed to schedule an appointment. All WIC eligible families are provided 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.

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2. Head Start

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.

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3. Immunization Registries, etc.

C&TC brochures are available at immunization clinics and given to families by a nurse at the time of immunization as needed.

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4. Public Schools (e.g. Early Childhood Screening, junior or senior high schools, etc.)

Colvill Family Center provides co-location activities of Head Start, ECFE, ECSE, and preschool programs. Yearly outreach is provided to staff. Provide inserts/flyers to school summer lunch bags county wide.

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

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

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6. Other (Children's Mental Health, Housing Programs, Information and Referral Services, Health Related Services, childcare centers/homes, Support Services (e.g. transportation, health education, counseling), collaborative activities, health fairs, etc.)

C&TC Coordinator is available as a resource for community as needed, including transitional housing and women's center clients. C&TC participates in county fair and other health fairs. Informational materials are available for the public as well as a staff member available for questions. Other community outreach collaborative events include local school wellness expos, "Make It OK" mental health awareness event, local community bike rodeos, and Treasure Island employee health fair. Also collaborate other agency division outreaches as appropriate.

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Work Plan - Objective 5

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 C&TC provider clinics to promote the C&TC Program, to encourage compliance with C&TC Program requirements, to assist in the assessment of C&TC training needs, to 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 C&TC Program technical assistance as needed.

Guidelines: C&TC Administrative Service agencies are required to identify and provide information and technical assistance to all C&TC providers available to families/children. C&TC Administrative Service agencies may provide training on C&TC Program requirements. C&TC Administrative Services Agencies should promote C&TC trainings offered through the DHS interagency agreement with MDH. This includes communicating the trainings being offered and contacting MDH to request trainings for their local C&TC providers. MDH staff is available to train local providers on C&TC screening components.

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 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.

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.

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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.

C&TC coordinators 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.

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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.

Make regular contacts 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 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.

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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.

South Country Health Alliance is the health plan for Goodhue County at this time. 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.

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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.

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

Current listing is on file at Goodhue County Health and Human Services Medical and dental provider lists are updated a minimum of twice a year.

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7. Other activities provided to meet this objective.

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2021 Continuous Improvement Project Reminder

Purpose: Increase CHB/Tribal participation rates with outreach improvement initiatives.

Results of this initiative will be reported to DHS with 2021 annual report data. This information populated on this form was taken from the 2021 Administrative Services Contract Survey.

Continuous Improvement Project Details

Project topic:

Impact of expanded outreach through bus ads and social media

Timeline:

Social media and bus campaign already in progress. We will plan to start surveying families March or April of 2021 and will plan on getting 2 months of surveys out. Results will be gathered in June and analysis of surveys will occur thereafter.

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Objective:

To analyze the impact of our expanded outreach efforts via social medial and bus ads. We are interested to see if our new outreach efforts are effective methods of outreach. If these are effective methods of outreach we hope to continue these in the future.

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What data sources or feedback was used to determine the project initiative?

We have received previous feedback from our annual reports in both 2018 and 2019 that recommended additional outreach efforts: "Continue to expand outreach to all age groups.". Our region also started a regional social media campaign for 2020 and hopes that it will continue in 2021. Currently we do not have any data that shows it has been effective. We would like to gather data through surveys and analyze the responses to see if these strategies should continue.

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Attachments - Optional

Instructions: Use questions 1-5 below to attach any additional information you'd like submitted to DHS. **Please note attachments cannot exceed 10MB.** All advertisement or outreach material approval requests must be submitted on the C&TC SharePoint.

Description	Attachments
1. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
4. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
5. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

DocuSign

Instructions: Enter the email addresses of all CHB/Tribe staff required to sign the 2022 C&TC Administrative Services Contract in the order the signatures will be collected.

Signing Order

Signer #1 Email Address	<input style="width: 95%;" type="text" value="nina.arneson@co.goodhue.mn.us"/>
Signer #2 Email Address	<input style="width: 95%;" type="text"/>
Signer #3 Email Address	<input style="width: 95%;" type="text"/>
Signer #4 Email Address	<input style="width: 95%;" type="text"/>
Signer #5 Email Address	<input style="width: 95%;" type="text"/>

Thank you for completing the 2022 C&TC Administrative Services Contract survey!

Prior to submitting the survey, review each page to ensure all questions are complete and print a copy for your records by selecting the **print** button below.

Once **print** is selected, a new window will appear. Please ensure your browser's pop-up blocker is disabled. In the new window, print the webpage. If you are unable to print a copy, please email dhs.childteencheckups@state.mn.us. Do NOT submit the survey until a copy has been printed.

Select the **submit** button below to send your completed responses to DHS.
Once the submit button is selected, you will no longer be able to access the survey.

**2021 Budget Worksheet
(Input)**

Other <i>Please submit an explanation and justification for any expense in this line.</i>	
Total Other Direct Costs	\$6,816.00

Subcontractor/Consultant Costs

Enter the total subcontractor/consultant costs. Submit one Appendix C form for each subcontractor/consultant.

Total subcontractor/consultant costs	
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Indirect Cost

The standard indirect cost rate is 10%. Any other approved indirect cost rates must be accompanied by a federal letter of approval and updated by DHS.

Standard indirect cost rate	10%
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Travel Costs

Enter the total number of miles to be traveled and the CHB/Tribal Nation mileage rate. The standard mileage rate as of 1/1/2021 is 0.56 per mile. Mileage costs will be calculated with the standard mileage rate or the CHB/Tribal Nation mileage rate, whichever is less.

Expense	Total
Miles	201.0
Standard mileage rate	.560c
CHB/Tribal Nation mileage rate	
Total mileage	\$112.56
Lodging, meals, per diem, etc. for trainings, conferences, workshops, and meetings related to C&TC	
Total Travel Costs	\$112.56

Calculated C&TC Services Costs per Child

Not to exceed \$13.25 per eligible child.	\$13.25
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2022 Budget Worksheet

Goodhue County Health and Human Services

3,879

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	0	0.00	\$0.00	\$0.00	\$0.00
Outreach staff	185	0.09	\$8,355.49	\$3,184.30	\$11,539.79
Clerk or support staff	786	0.38	\$20,968.92	\$7,916.52	\$28,885.44
Total	971	0.47	\$29,324.41	\$11,100.82	\$40,425.23

Equipment Costs

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

Other Direct Costs

Office supplies	\$66.00
Printing	\$1,600.00
Postage	\$1,600.00
Telephone	\$0.00
Office space	\$0.00
Interpreter/translation services	\$150.00
Trainings, conferences, workshops, and other meeting expenses related to C&TC	\$50.00
C&TC outreach supplies	\$1,000.00
C&TC outreach advertisement	\$2,350.00
Other	\$0.00
Total other direct costs	\$6,816.00

Subcontractor/Consultant Costs

Total subcontractor/consultant costs	\$0.00
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Indirect Cost

Total indirect cost	\$4,042.52
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Travel Costs

Mileage	\$112.56
Lodging, meals, per diem, etc. for trainings, conferences, workshops, and meetings related to C&TC	\$0.00
Total travel costs	\$112.56

Total budgeted amount (rounded down to the nearest dollar)	\$51,396.00
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Total C&TC costs per eligible child (not to exceed \$13.25)	\$13.25
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2022 Budget Worksheet

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

FOR CHB/TRIBAL NATION: _____

Title: _____

Date: _____

FOR STATE: _____

Title: _____

Date: _____

2022 Administrative Services Annual Expenditure Report

Goodhue County Health and Human Services

Community Health Board/Tribal Nation

Complete this worksheet as part of the 2022 Annual Reports process (due spring 2023). Enter the Actual Expenditures for each line item in column C. If funds from other sources were used, complete column E by entering the amount spent for each line item.

Expense	Budgeted Amount	Actual Expenditures	Balance	Funds from other sources spent for these activities
Staffing	\$40,425.23		\$40,425.23	
Equipment	\$0.00		\$0.00	
Office supplies	\$66.00		\$66.00	
Printing	\$1,600.00		\$1,600.00	
Postage	\$1,600.00		\$1,600.00	
Telephone	\$0.00		\$0.00	
Office space	\$0.00		\$0.00	
Interpreter/translation services	\$150.00		\$150.00	
Trainings, conferences, workshops, and other meeting expenses related to C&TC	\$50.00		\$50.00	
C&TC outreach supplies	\$1,000.00		\$1,000.00	
C&TC outreach advertisement	\$2,350.00		\$2,350.00	
Other costs	\$0.00		\$0.00	
Subcontractor/consultant	\$0.00		\$0.00	
Indirect cost	\$4,042.52		\$4,042.52	
Travel	\$112.56		\$112.56	
Total	\$51,396.31	\$0.00	\$51,396.31	\$0.00

Estimated number of C&TC eligible children	3,879
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Actual C&TC costs per eligible child	\$0.00
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I certify that the above expenses represent costs incurred for C&TC Administrative Services.

Prepared by (print name):	Phone Number:
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Signature:	Date:
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Under Age 21 by County and Tribe for 2022

Based on State Fiscal Year 2022 Enrollment Data
Eligible in Major Programs MA - Ages 0 through 20

County Code	County Name	Number of Eligible Children
001	AITKIN	1,844
002	ANOKA	38,794
003	BECKER	4,722
004	BELTRAMI	7,335
005	BENTON	5,177
006	BIG STONE	678
007	BLUE EARTH	6,745
008	BROWN	2,599
009	CARLTON	3,454
010	CARVER	6,275
011	CASS	4,535
012	CHIPPEWA	1,824
013	CHISAGO	5,043
014	CLAY	8,094
015	CLEARWATER	1,236
016	COOK	502
017	COTTONWOOD	1,912
018	CROW WING	7,867
019	DAKOTA	41,715
020	DODGE	2,080
021	DOUGLAS	3,560
022	FARIBAULT	1,905
023	FILLMORE	2,124
024	FREEBORN	4,212
025	GOODHUE	3,879
026	GRANT	814
027	HENNEPIN	131,977
028	HOUSTON	1,574
029	HUBBARD	3,042
030	ISANTI	4,473
031	ITASCA	5,320
032	JACKSON	1,165
033	KANABEC	2,014
034	KANDIYOHI	7,142
035	KITSON	482
036	KOOCHICHING	1,227
037	LAC QUI PARLE	819
038	LAKE	974
039	LAKE OF THE	448
040	LE SUEUR	2,718
041	LINCOLN	594
042	LYON	3,678
043	MCLEOD	3,827
044	MAHNOMEN	1,064
045	MARSHALL	908
046	MARTIN	2,690

County Code	County Name	Number of Eligible Children
047	MEEKER	2,724
048	MILLE LACS	3,832
049	MORRISON	3,993
050	MOWER	6,461
051	MURRAY	939
052	NICOLLET	3,472
053	NOBLES	4,152
054	NORMAN	929
055	OLMSTED	15,378
056	OTTER TAIL	7,243
057	PENNINGTON	1,209
058	PINE	3,520
059	PIPESTONE	1,386
060	POLK	4,254
061	POPE	1,244
062	RAMSEY	80,848
063	RED LAKE	476
064	REDWOOD	2,107
065	RENVILLE	2,092
066	RICE	7,318
067	ROCK	1,028
068	ROSEAU	1,481
069	ST. LOUIS	18,110
070	SCOTT	12,948
071	SHERBURNE	10,006
072	SIBLEY	1,789
073	STEARNS	19,736
074	STEELE	4,444
075	STEVENS	974
076	SWIFT	1,337
077	TODD	3,414
078	TRAVERSE	525
079	WABASHA	1,899
080	WADENA	2,355
081	WASECA	2,331
082	WASHINGTON	18,958
083	WATONWAN	1,681
084	WILKIN	799
085	WINONA	4,034
086	WRIGHT	12,181
087	YELLOW MEDICINE	1,230
102	RED LAKE INDIAN	778
103	WHITE EARTH INDIAN	880
104	LEECH LAKE FOREST	1,177
106	FOND DU LAC INDIAN	690
999	Total All Counties	623,423

Under Age 21 by Community Health Board for 2022

Based on State Fiscal Year 2022 Enrollment Data
Eligible in Major Programs MA - Ages 0 through 20

#	Community Health Board	Number of Eligibles
1	Aitkin Itasca Koochiching Community Health Board	8,391
2	Anoka County Community Health & Environmental Services	38,794
3	Beltrami County Community Health Board	7,335
4	Benton County Community Health Board	5,177
5	Blue Earth County Human Services	6,745
6	Brown-Nicollet Community Health Board	6,071
7	Carlton-Cook-Lake-St. Louis Community Health Board	23,040
8	Carver County Public Health	6,275
9	Cass County Health, Human and Veterans Services Board	4,535
10	Chisago County Public Health	5,043
11	Countryside Public Health (Big Stone, Chippewa, Lac Qui Parle, Swift, Yellow Medicine)	5,888
12	Crow Wing County Community Services	7,867
13	Dakota County Public Health Department	41,715
14	Des Moines Valley Health and Human Services (Cottonwood, Jackson)	3,077
15	Dodge-Steele Community Health Board	6,524
16	Fillmore Houston Community Health Board	3,698
17	Fond du Lac Band of Lake Superior Chippewa	690
18	Freeborn County Public Health	4,212
19	Goodhue County Health and Human Services	3,879
20	Hennepin County Human Services and Public Health Department	131,977
21	Horizon Public Health (Douglas, Grant, Pope, Stevens, Traverse)	7,117
22	Human Services of Faribault & Martin Counties	4,595
23	Isanti County Community Health Board	4,473
24	Kanabec County Community Health	2,014
25	Kandiyohi-Renville Community Health Board	9,234
26	Le Sueur Waseca Community Health Board	5,049
27	Leech Lake Band of Ojibwe	1,177
28	Meeker McLeod Sibley	8,340
29	Mille Lacs County Community Health Board	3,832
30	Morrison, Todd, Wadena Community Health Board	9,762
31	Mower County Community Health Services	6,461
32	Nobles County Community Services	4,152
33	North Country Community Health Board (Clearwater, Hubbard, Lake of the Woods)	4,726
34	Olmsted County Public Health Services	15,378
35	Partnership4Health Community Health Board c/o Otter Tail County Public Health (Becker, Clay,	20,858
36	Pine County Community Health Board	3,520
37	Polk-Norman-Mahnomen Community Health Board	6,247
38	Quin County Community Health Services (Kittson, Marshall, Pennington, Red Lake, Roseau)	4,556
39	Red Lake Comprehensive Health Services	778
40	Rice County Community Health Services	7,318
41	Saint Paul - Ramsey County Public Health	80,848
42	Scott County Health and Human Services	12,948
43	Sherburne County Health & Human Services	10,006
44	Southwest Health and Human Services (Lincoln-Lyon-Murray-Pipestone-Redwood-Rock)	9,732
45	Stearns County Human Services	19,736
46	Wabasha County Public Health	1,899
47	Washington County Public Health and Environment	18,958
48	Watonwan County Human Services	1,681
49	White Earth Home Health Agency	880
50	Winona County Community Services	4,034
51	Wright County Health and Human Services	12,181

#	Community Health Board	Number of Eligibles
52	TOTAL	623,423