CHILDREN'S OUTREACH HEART PROGRAM (COHP) TOOL - MONITORING INSTRUCTIONS AND STANDARD STATEMENTS

Standards are based on COHP Rules found in Chapter 39 of the Texas Administrative Code and COHP RFP requirements.

REVIEW CRITERIA	ADDITIONAL CLARIFICATION AND *Method of Verification*
I. Individualized Services	
1. The child's family participates in the child's service team.	The agency supports family-centered care, an approach that acknowledges involvement with the family as a fundamental element of care. Family-centered care differs from family-focused care. In family-focused care, professionals may provide care from the position of an "expert;" they tell the family what to do. They do things to and for the patient and family and consider the family the "unit of intervention." Family-centered care, however, is characterized by a collaborative approach to caregiving and decision-making. Each party respects the knowledge, skills, and experience the other brings to the health care encounter. To meet this standard, the family/child participates in team decision-making regarding the health care services to be provided and the development of the service plan. The family is provided with information so that they have the resources and understanding to participate fully. Families are provided with options and choices. As a child grows, his/her ability to understand the illness or disability generally increases so there is an increased need for the child to be involved in the decision-making process regarding his or her care. *Patient record (e.g., family participation is documented in clinic notes).* *Satisfaction surveys.* *Observation of a clinic visit.*
2. Information concerning diagnosis, treatment, prognosis, and resources is shared among all members of the service team, including the family, and is documented.	In order for the team and family to be knowledgeable, effective partners in planning services for the child, information must be shared among team members, including the family. Families should receive educational materials and guidance or counseling regarding the illness or disability and its treatment, the potential impact of the condition and treatment options on the family, and services and supports available to the family. These should be in preferred language of the family. *Patient records - notes from team meetings and case conferences.* *Staff interviews.* *Observation. of a clinic visit.*
II. Eligibility	
1. Children and youth birth to age 21 who may have a heart disease or defects and whose family income is at or below 200% of poverty.	The child's eligibility for COHP services is based on these definitions at the time of admission and is documented in the child's record. *Program policies and procedures.*

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2. Children and youth meeting the age and medical criteria and whose family income is above 200% of poverty may be served and may be required to pay a co-payment for services.	*Patient records – intake documentation.*
III. Co-payment	
1. The agency has a DSHS-approved sliding fee schedule based on family size and income.	Contract requirement. *Patient records* *Program policies and procedures.* *Staff interviews.*
2. No one is denied services based on the inability to pay.	
IV. Standards of Care	
1. The agency has written standards of care, practice parameters, and protocols which:	A clinical review of written standards of care, practice parameters, and protocols should be done by medical personnel serving on the monitoring team. The child's health care should be based upon accepted standards and guidelines for practice. Primary care should meet the guidelines of the American Academy of Pediatrics. Medical/health care services should meet the accepted guidelines as defined by professional boards and national organizations in terms of safety, quality, and quantity. Standards and protocols should demonstrate a comprehensive approach that is inclusive and respectful of the child's family. Written procedures for coordination of care should include a referral process to other agencies/organizations to meet needs identified by the child and family. *Agency standards of care, practice parameters, and protocols.* *Policies and procedures.* *Patient Records.*
a. Were developed from acceptable sources and are adhered to by health/medical and other professionals;	
b. Reflect current acceptable standards of practice and proven technologies;	
c. Withstand peer review as common, acceptable medical practice;	
d. Are based on the child's/family's needs.	
2. The agency has written procedures for coordination of care and appropriate services/providers, internal and external to the program.	

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V. Clinic Facility, Equipment, and Supplies	
1. The clinic is accessible to the population served and is appropriate for pediatric care.	Setting is safe and developmentally appropriate for the pediatric population served. *Observation.* *Facility review.*
2. Setting is safe and developmentally appropriate for the pediatric population served.	
3. The clinic is able to perform appropriate procedures, tests, and laboratory studies or has access to such services through contractual or other arrangements.	Evidence of staff with appropriate licensing and training to perform procedures, tests, and laboratory studies or contractual arrangement. *Policies and procedures.* *Observation.* *Facility review.*
4. The facility arrangement ensures comfort, safety, and patient privacy and expedites the work of the staff.	*Observation.* *Facility review.*
VI. COHP Services	Generally acceptable standards of practice/care are used to determine if specific standard is met.
1. Each child shall receive a comprehensive history and physical exam. As determined necessary by the physician, the child may also receive laboratory tests, electrocardiograms, and/or chest x-rays.	*Patient records.* *Generally acceptable standards of practice/care.*
2. Echocardiography may be provided under the following conditions: the procedure has been determined medically necessary, the echocardiography is of acceptable quality for pediatric patients, and the results are reviewed and interpreted by the cardiologist responsible for the clinic.	Contract requirement *Patient records.* *Maintenance records and certification for equipment.* *Generally acceptable standards of practice/care.*
3. Echocardiography for routine screening purposes, exercise testing, catheterization and surgery are not provided as part of the array of services reimbursed by the DSHS contract	Contract requirement *Policies and procedures* *Generally acceptable standards of practice/care..*

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attachment.	
4. Each child with heart disease or defect who is referred by the clinic to a tertiary center has an individualized care/service plan approved by the outreach physician.	The child's health care should be based upon accepted standards and guidelines for practice. Primary care should meet the guidelines of the American Academy of Pediatrics. Medical/health care services should meet the accepted guidelines as defined by professional boards and national organizations in terms of safety, quality, and quantity. Standards and protocols should demonstrate a comprehensive approach that is inclusive and respectful of the child's family.
a. The written plan is developed in collaboration with the family, child, and clinic personnel, and, as appropriate, the referral source, child's local physician/medical home, and the secondary or tertiary center.	*Patient records.* *Written protocols, practice parameters, standard of care.* *Policies and procedures related to ongoing monitoring of individualized service/care plans.* *Staff interview.* *Patient records.*
b. The written plan documents the local physician/community-based "medical home" provider for the child and that a copy of the plan has been sent to the "medical home" provider.	
c. The written plan indicates whether tracking and follow-up are required.	
d. If applicable, the record indicates that tracking and follow-up are occurring as described in the written plan.	
e. The agency documents ongoing monitoring for individualized care/service plans.	
5. The child's outreach physician provides follow-up letters to the referring source and the child's local physician/medical home regarding the disposition of the child's needs and services.	*Patient records.*
6. The child's medical record indicates that clinic staff are compliant with the clinic's written standards, protocols, and practice parameters.	*Patient records.*

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7. The clinic assures that the child receives appropriate, timely, quality care based on the child's needs and the individualized care/service plan.	*Patient record.* *Policies and procedures.* *Satisfaction surveys.* *Staff interviews.* *Generally acceptable standards of practice/care.*
8. Continuity of care is not interrupted by changes in third party coverage nor the parent's employment status.	*Patient record.* *Policies and procedures.* *Staff interviews.*
9. Children/families needing assistance accessing and coordinating services beyond the scope of the clinic will receive case management services by the agency or will be referred to a local case management provider or the DSHS regional office.	*Patient records.* *Policies and procedures.*
VII. Tracking/Follow-up	
1. The agency has an organized system to schedule patient contacts according to program protocols, to monitor the status of the individualized care/services plan, to monitor missed appointments so they may be rescheduled, to alert staff for follow-up concerning conditions identified as priorities for care, to track referrals to other providers, and to follow-up with child/family, as appropriate, to ensure that services were accessed.	*Policies, procedures, or program protocols for scheduled patient contacts or other evidence of a system.* *Patient records.* *Generally acceptable standards of practice/care.*
2. The agency has a system for referral if the child moves out of the area.	*Closed patient records.* *Policies and procedures.*

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VIII. Provider Credentials and Experience	
1. The supervising outreach physician is currently licensed in Texas, board certified in pediatric cardiology, and a current Medicaid/CSHCN Services Program provider in good standing.	*Personnel records.* *Personnel policies.*
2. If available at the clinic facility, staff includes a registered nurse with a least one year of clinical pediatric experience, preferably with pediatric cardiology experience. When a registered nurse does not attend a clinic, the outreach physician assumes responsibility for assuring the provision of all services that would have been provided by the registered nurse. . (revised 4/2005)	
3. The agency demonstrates the capacity and a plan to develop, obtain, and maintain the necessary pediatric skills (including specialized pediatric techniques and equipment) of its staff members.	*Policies and procedures.* *In-service training attendance records.*
4. Sufficient clinic staff members are certified in Pediatric Advanced Life Support (PALS) and are available during clinic hours.	*Personnel records.* *Evidence of PALS certification and evidence of staff availability – at least one clinic staff certified in PALS available for all hours of clinic operation.*
5. Agency staff have expertise in the following:	*Personnel and training records.* *Continuing education rosters.* *Staff interviews*
a. Normal and atypical infant, child, and adolescent development.	
b. Infant, child, and adolescent assessment and intervention.	
c. Family assessment and intervention.	

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IX. Policies and Procedures	
1. The agency's program and personnel policies and procedures are accessible and available to all staff.	*Policies and procedures.* *Staff interviews.*
X. Coordination with Community Services and Professional Organizations	
1. The agency has informed the local communities (including local physicians, community service groups, and the general public) of the clinics and their services and where the clinics are offered.	Contract requirement. *Agency promotional materials.* *Outreach letters.* *Staff interviews.*
2. The agency provides an annual report to the county/local medical society for each county in which the agency holds a clinic. The report includes the number of patients served, services provided, diagnoses, and education/training provided to local providers. Report is received by CSHCN Services Program by November 30 of each year.	Contract Requirement. *Copy of the report and distribution list.*
3. If, in any community served, local pediatric cardiology expertise has become available, the agency, in coordination with DSHS, the local cardiology practice, and other local providers, has phased out services in that community.	Contract requirement. *Policies and procedures.*
4. The agency provides continuing education in the areas of diagnosis, evaluation, and treatment of children with suspected and confirmed cardiovascular disease for local physicians, school nurses, rural health clinic staff, and other community professionals involved with the clinic population.	Contract requirement. *Written curricula.* *Training calendar.* *Attendance forms.* *Policies and procedures.*

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5. The agency shall coordinate services with other community activities in an effort to facilitate the public's access to the clinics and other community services, and to prevent duplication of services.	*Staff interviews.*
a. The agency will provide a list of active patients (patients seen by a clinic during the month) to the Regional Director of Social Work Services in each region served under this contract within 30 days of the end of the month.	Contract requirement. *Letters and correspondence with Regional Director of Social Work Services.* *Staff interviews.* *Minutes or notes from quarterly contacts with the Regional Directors of Social Work Services.*
b. The agency will contact the Regional Director of Social Work Services in each region served under this contract on a quarterly basis to discuss outreach efforts, referrals, and to ensure coordination of services. Contact may be by phone.	
XI. Program Income	
1. The agency maximizes program income by billing third-party payers for the clients served, including CSHCN Services Program, Medicaid, CHIP, and private insurance.	Contract requirement. *Policies and billing procedures.*
2. The agency ensures that clients who may be eligible for Medicaid, CHIP, and/ or CSHCN Services Program are referred for eligibility determination	Contract requirement. *Patient records.* *Policies and procedures.* *Staff interviews.*
XII. Quarterly Reporting	
1. The agency submits quarterly performance reports in the format determined by DSHS and in a timely manner (no later than 30 calendar days following the close of the reporting period).	*Quarterly Performance Reports.*

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XIII. Cultural Competence	
1. The agency delivers culturally competent services in such a way as to enhance existing community resources and natural supports and respect the values of the individual families.	The Contractor's program policies and procedures should demonstrate the importance of acknowledging and respecting the cultural values of families and children. Inherent in this respect is the incorporation of family routines and other natural supports with the provision of services. *Patient records – intake documentation, contact notes.* *Program policies and procedures.* *Array of services provided.* *Staff interviews.*
2. The agency demonstrates the ability to provide services to culturally diverse populations (e.g., language translation, compliance with ADA requirements, and other means of assuring accessibility for the targeted population.)	Contractor policies and procedures should reference resources for obtaining language or sign language interpretation when needed, as well as providing other accommodations when needed. Service locations must be in compliance with ADA requirements. *Program policies and procedures.* *Patient records – intake documentation regarding family/child's preferred language, contact notes (documentation of provision of language translation or sign interpretation if needed).* *Staff interviews.* *Observation of staff/family/child/child interaction.* *Facility review/observation*