CSHCN CLINICAL SERVICES TOOL – MONITORING INSTRUCTIONS AND STANDARD STATEMENTS

Standards are based on Title V values and CSHCN Performance Measures related to Family/Professional partnership and Family Satisfaction, Medical Home, Access to Adequate Health Insurance/Financing, Organization of Community Services for Easy Use by Families, Transition to Adult Health Care, Work, and Independence, and Family/Community Support, and CSHCN RFP requirements.

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I. Eligibility	
1. Services are provided for children ages birth to age 21 who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.	Contractors determine that the child meets this definition of CSHCN at the time of intake and include documentation in the child's record. DSHS regional staff may also assign appropriate children to contractor caseloads, including children on the CSHCN waiting list, if applicable. *Client records – intake documentation, contact notes, medical records. Program procedures.* *Staff interviews.*
2. Services may be provided for adults with Cystic Fibrosis.	Contractors determine that the adult meets this criteria at the time of intake and include documentation in the adult's record. DSHS regional staff may also assign appropriate adults with Cystic Fibrosis to contractor caseloads, including adults with Cystic Fibrosis on the CSHCN waiting list, if applicable. *Client records – intake documentation, contact notes, medical records. Program procedures.* *Staff interviews.*
II. Facilities/Equipment	
1. Contractor provides clinical services in a location that: • Can obtain routine lab work; • Is accessible to the target population; • Is appropriate for pediatric care; • Ensures the comfort, safety, and privacy of the client and family; • Expedites the work of project staff; • Contains adequate examination space and	Facilities with Joint Commission on Accreditation of HealthCare Organizations (JAHCO), and/or Commission on Accreditation of Rehabilitation Facilities (**CARF**) certification may wish to provide verification of certification to site reviewers. *Staff interviews* *Facility review/observation* *Family surveys*

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equipment; • Has access to record processing and storage facilities.	
III. Standards of Care	
1. Contractor follows appropriate medical procedures and protocol, which will withstand peer review as common, acceptable medical practice in terms of quality and quantity.	*Medical procedures and protocols* *Staff interviews* *Facility review/observation*
IV. Screening and Identification	
1. Contractor provides early and continuous screening and identification of children with special health care needs who might otherwise not receive services	*Policies and procedures* *Client records*
V. Medical Home	
1. Contractor provides medical home services or, if needed, assists the child and family in linking to an appropriate medical home and actively coordinate care with the child's medical home to ensure comprehensive, coordinated, and high quality primary medical care.	*Policies and procedures* *Client records*
2. Contractor communicates with the child's medical home and referral source concerning the child's history, physical exam, diagnosis, and proposed treatment and involves the medical home provider in the development of the child's individualized care plan.	*Policies and procedures* *Client records*
VI. Cultural Competence	
1. Contractor delivers culturally competent services in such a way as to enhance existing community resources and natural supports and respect the	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.

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values of the individual families.	*Client records – intake documentation, contact notes.* *Program policies and procedures.* *Array of services provided.* *Staff interviews.*
2. Contractor 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.* *Client 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*
VII. Assessment	
1. Each child receives a comprehensive assessment, which includes diagnoses and the identification of needed/ recommended interventions and services.	A comprehensive assessment will include medical information, including whether a child with Medicaid is current with Texas Health Steps services. If the child is not current with these services, the record will document that the case manager provided information and referral. For children who are not eligible for Medicaid, the case manager should assess whether they are receiving well-child check-ups. The family should be provided information regarding the importance of well child check-ups and this activity should be documented. The record of all children should document a medical home or the assistance/education provided by the case manager in selecting one. The assessment documents the child's current health insurance coverage. Developmental: The assessment will review the child's development relative to developmental milestones. Social: The assessment will also detail social services utilized and needed including community and informal supports and activities. Case managers should explore with the family whether the child participates in activities similar to those of his/her age peers (hobbies, after-school activities, play, family activities, etc.). The aim is encourage the CSHCN and family to have as "typical" a life as possible given the child's condition and the community resources. Other: The assessment will also include other areas, such as permanency planning, transportation, nutritional needs, and exercise or physical activities. A child and family's needs change over time, therefore, the Individual Service Plan must be updated as needed, but at least annually.

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	Client records. *Staff interviews.* *Observation of staff/family/child interaction. (including how staff educate families of the importance of THSteps services and medical home).* *Quality assurance - record reviews.* *Program policies and procedures.*
2. Assessment, intake, or other documentation for each client includes a summary of the initial health resources available to the client, including if available, identification information about the client's medical home as defined in the RFP and the client's health/medical insurance plan, such as Medicaid, CHIP, CSHCN Services Program, or other.	*Client records.*
VIII. Individual Service Plan	
1. The written service plan is developed in collaboration with the family, child, and professional personnel, including referral source and secondary or tertiary centers.	The contractor ensures that families participate in developing their child's service plan. Evidence of this process may include a signature on the service plan stating they participated and agree with the plan. A copy of the plan is provided to the family and case record contains documentation that this occurred. *Staff interviews.* *Client records.* *Program policies and procedures.*
2. The plan is family centered, community based, and culturally sensitive.	The contractor must be flexible and adaptable in meeting the unique needs of a diverse population of children who differ in diagnosis, severity, care, and the need for community resources. Care coordination should ensure that services in the plan are coordinated for the convenience and participation of the family. These may include scheduling multiple appointments (if needed) on the same day to decrease trips to the clinic if this is helpful for the child's family. The contractor must also ensure that children and families are referred for assistance with educational, social, and other needs if they do not provide this assistance. *Staff interviews.* *Client records – Individual Service Plan.* *Program policies and procedures.*
3. The plan specifies the type of services required by the child and family (and specifically addresses plans related to obtaining a medical home, transition services, and health insurance, as necessary), the individual(s) responsible for delivery of specific services, and their frequency and duration. The plan identifies the primary individual assigned to ensure coordination of	A detailed service plan facilitates the coordination of services provided through multiple programs by specifying the services to be provided, individual responsible, frequency and duration of services. The plan will document an individual who has been assigned as the primary contact responsible for ensuring coordination of services. *Client records – Individual Service Plan.*

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services.	
4. Each child receives appropriate preventive, early intervention, acute and specialty care/services based on individual need and choice that are age and developmentally appropriate.	*Client records* *Staff interviews* *Family surveys*
IX. Coordination of Services	
1. Contractor offers children and their families access to an array of health/medical, social, educational, and other services through working relationships with a variety of agencies, programs, and providers.	Contractor personnel are expected to participate in interagency groups aimed at coordination of services and program planning. The contractor must also coordinate with the DSHS regional office as defined in the Request for Proposal and the approved application. Contractors must be able to access the full range of support services available in the community and are able to effectively advocate for individual families without conflict of interest and advocate for systems change, including the development of new services. Collaboration agreements may exist that facilitate joint provision of services, coordination of services/case management, and sharing of resources and information *Client records.* *Program policies and procedures.* *Collaborative agreements, if available.* *Staff interviews.* *Observation of staff/family/child interaction.*
2. Appointments are coordinated and services are scheduled to minimize inconveniences to the child and family and to facilitate the family's participation in the child's care.	Services need to be arranged so that parents or family members can participate. The underlying assumption is that increased participation by the child and family will result in more effective care. *Client records.* *Program polices and procedures.* *Observation of staff/family/child interaction.*
3. Care coordination is provided to support access to community-based services through direct provision or working relationships with primary case management providers.	*Client records.* *Staff interviews*
4. Coordination of services is under family control and direction, to the extent that is reasonable and appropriate.	Consideration should be given to the family's situation. The family may choose to assume a more or less active role at different times. *Program policies and procedures.* *Client records.* *Observation of staff/family/child interaction.*

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X. Tracking/Follow-up	
1. Contractor updates information on the child/family's location and the status of the individualized care plan.	Information should be updated at least annually. *Program policies and procedures.* *Client records.*
2. Contractor has a system for referral if the child moves out of the area, including providing the child/family with information and referrals for services in the area where they are relocating,	*Program policies and procedures.* *Staff interviews.* *Closed client records.*
3. Contractor has an organized system to monitor a child's health status and the effectiveness of services provided that: • Allows for adjustment of the individualized care plan when needed to maximize the child's progress; • Schedules contacts with the child/family at regular intervals according to program guidelines/protocols or the individualized care plan; • Monitors appointments that are not kept and establishes a system for follow-up rescheduling; • Alerts staff for follow-up conditions identified as priorities for care; • Tracks referrals made to other providers and agencies; and • Helps assure that the CSHCN has a medical home.	*Program policies and procedures.* *Staff interviews.* *Client records.*
XI. Staff/Personnel	
1. The contractor demonstrates the capacity and a plan to develop, obtain, and maintain the necessary	*Personnel policies.* *Job descriptions.*

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pediatric skills (including specialized pediatric techniques and equipment) of its staff members.	*Personnel files.*
2. Contractor staff meets the minimum qualifications. • Physician (or dentist) - Board certified in the specialty provided by the clinic; and enrolled as a provider in the CSHCN Services Program, Medicaid, and CHIP. • Nurse - Registered Nurse with at least one year of clinical pediatric experience. The project may include additional staff necessary to provide activities described in this RFP.	Contractor must assure that staff is available for the level of services described in the contractor's proposal. *Personnel policies.* *Job descriptions.* *Personnel files.*
3. Contractor staff have expertise in the following: • Normal and atypical infant, child, and adolescent development • Infant, child, and adolescent assessment and intervention • Family assessment and intervention	Contractors must assure that staff are knowledgeable in these areas. For new staff or staff who need additional knowledge/skills the contractor should demonstrate plans and activities to ensure that staff develop needed expertise. All staff should be able to access resources such as printed materials, on-line information, and supervision/consultation *Personnel policies, specifically plans for ongoing training.* *Staff interviews.* *Personnel files.* *Training records*
XII. Policies and Procedures	
1. Contractor's program and personnel policies and procedures are accessible and available to all staff.	*Policies and procedures.* *Staff interviews.*
XIII. Coordination with DSHS and Others	
1. Contractor is a Texas Health Steps Provider or informs and refers eligible children and youth to Texas Health Steps.	*Policies and procedures.* *Staff interviews.*
2. Contractor meets quarterly with the Regional Director of Social Work Services or his/her designee to exchange information on project activities.	The purpose of the quarterly meeting with the DSHS Regional Director of Social Work Services is to assure regional input in the implementation of contractor services and coordination with other services. Additionally, the DSHS Regional Director of Social Work Services and other DSHS staff may provide technical assistance to contractor as needed. Meeting may be in person or by phone contact.

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	Quarterly performance reports. *Meeting records.*
3. Contractor has established a process of coordinating activities with the Regional Director of Social Work Services and other DSHS regional staff, and other CSHCN funded projects (if applicable).	*Policies and procedures.* *Staff interviews.* *Meeting records.*
XIV. Payment for Services	
1. Clinical specialty services staff assist families in identifying potential medical coverage and in applying for coverage, including Medicaid, CHIP, and CSHCN Services Program health benefits.	*Policies and procedures.* *Staff interviews.* *Client records.*
2. Contractor has implemented a sliding fee scale based on income guidelines for services provided to children who are not eligible for any public or private insurance coverage. No fee is charged to CSHCN with family incomes less than 100% of the federal poverty level.	*Policies and procedures.* *Staff interviews.* *Client records.*
XV. Patient Rights	
1. Services are provided in a timely manner.	*Policies and procedures.* *Staff interviews.* *Client records.* *Family surveys.*
2. Information is shared with the child and family in a way that is understood by the child/family.	*Policies and procedures.* *Staff interviews.* *Client records.* *Family surveys.*
XVI. Communication/Outreach	
1. Within the first three months of funding, contractor informed health care providers, area schools, other community service providers, and the general public of project activities and available clinical specialty services.	*Outreach letters, promotional materials, evidence of providers and schools receiving the information.*

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2. If local pediatric or family practice expertise becomes available and meets the needs of the community specific to the proposed clinical specialty services, the contractor will coordinate services with such providers.	*Staff interviews.*
XVII. Program Evaluation/ Quality Assurance	
1. Contractor has established and implemented a plan for an internal quality assurance program that includes:	Observation of staff/family/child interactions should be part of the QA plan, should be documented and should be conducted annually. This is to assure that the staff is complying with standards and protocols. The contractor should utilize a tool to assure standardization of this activity. These can be conducted at the time of the employees' performance evaluation or in the case of a new employee, it may be done at another time.
a. A process for monitoring staff/family/child interactions.	*Policies and Procedures.* *Documentation of data collection process.*
b. A system to identify and monitor the Maternal and Child Health Bureau National Agenda for Children with Special Health Care Needs (Title V) CSCHN Performance Measures in order to evaluate the effectiveness of services provided.	The QA Plan should address how the Maternal and Child Health Bureau National Agenda for Children with Special Health Care Needs (Title V) Performance Measures will be monitored to evaluate the effectiveness of services provided. *Policies and Procedures.* *Documentation of data collection process.*
2. Contractor has implemented mechanisms for external feedback from families, children, providers, organizations, etc. served, including measures of satisfaction and suggestions for program improvement.	*Family surveys.* *Policies and Procedures.*
3. Contractor has implemented a process to collect data to measure progress.	*Policies and Procedures.* *Documentation of data collection process.* *Job descriptions.*
4. Contractor has implemented mechanisms for applying results of QA activities to improve the program through appropriate staff training and other activities	*Policies and procedures.* *QA Committee meeting records.* *Client record reviews documentation.* *Staff/family/child interaction observation records.* *Training records.*
XVIII. Records Management	
1. Contractor has an organized patient record system where complete and accurate health care records	*Policies and procedures.* *Client records.*

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are confidential, secure, and available to the child, parent, or guardian upon request with a signed release of information.	
XIX. Reporting/Documentation	
1. Contractor 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.*
2. Performance reports detail actions taken by the contractor to achieve project objectives, and/or progress made toward objectives	*Quarterly Performance Reports.*
3. Performance reports include documentation of any barriers, challenges, and/or successes encountered.	*Quarterly Performance Reports.*
4. Performance reports include data on the DSHS-required contract performance measures. (Clinical Services FY06 Quarterly Report: Part II Data Collection – New Clients, Part III Data Collection – All Enrolled Clients, Part VI – Evaluation Data)	*Quarterly Performance Reports.*
5. Performance reports include information regarding services and supports provided that address one or more of the Title V CSHCN Performance Measures. (Clinical Services FY06 Quarterly Report: Part V – Narrative Progress Report)	*Quarterly Performance Reports.*
6. Contractor maintains accurate and current documentation of evaluations, assessments, needs, services, progress, financial data, and all other categories of information required in each individual's record.	*Client Records.*