



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: February 21, 2018

Department: Health Agenda Planning Date: Feb 15, 2018 Time required: 10

Audio/Visual aids

Contact: Pamela A Hutchinson, Division Director Phone: 503.588.5612

Department Head Signature: [Signature]

TITLE Title V MCAH Block Grant Program (OCCYSHN) Amendment 2 to HE-1494-17

Issue, Description & Background Consider approval of HE-1494-17 Amendment #2 to the Title V MCAH Block Grant Program (OCCYSHN) Subaward from Oregon Health & Sciences University (OHSU). OHSU funds OCCYSHN, which is a public health nurse home visiting program that focuses on community based care coordination for families with children, ages 0 through 20 years, with special health needs.

Financial Impacts: Amendment #2 to the Title V MCAH Block Grant Program (OCCYSHN) HE-1494-17. Additional funding of \$64,750.00 is added to the Subaward Agreement from Oregon Health & Sciences University.

Impacts to Department & External Agencies The Health Department anticipates no impact on other departments.

Options for Consideration: 1. Approve Amendment #2 to the Title V MCAH Block Grant Program (OCCYSHN) HE-1494-17, 2. Deny approval of Amendment #2 to the Title V MCAH Block Grant Program (OCCYSHN) HE-1494-17, or 3. Take no action at this time.

Recommendation: The Health Department recommends approval of Amendment #2 to the Title V MCAH Block Grant Program (OCCYSHN) HE-1494-17

List of attachments: Amendment #2 to the Title V MCAH Block Grant Program (OCCYSHN) HE-1494-17

Presenter: Pamela A Hutchinson, Division Director

Copies of completed paperwork sent to the following: (Include names and e-mail addresses.)

Copies to: Dwight D Bowles dbowles@co.marion.or.us



# Contract Review Sheet

Contract #: HE-1494-17(Sub #010448)

Person Sending: Dwight D Bowles Department: Health

Contact Phone #: 503.361.2795 Date Sent: \_\_\_\_\_

Contract  Amendment # 2  Lease  IGA  MOU  Grant (attach approved grant award transmittal form)

Title: Title V MCAH Block Grant Program (OCCYSHN)

Contractor's Name: Oregon Health & Sciences University

Term - Date From: Oct 1, 2016 Expires: Extended through Sep 30, 2018

Contract Total: \$128,500.00 Amendment Amount: \$64,250.00 New Contract Total: \$192,750.00

Source Selection Method: \_\_\_\_\_ # \_\_\_\_\_

### Additional Considerations (check all that apply)

- Board Order# \_\_\_\_\_
- Incoming Funds
- Independent Contractor (LECS) approval date: \_\_\_\_\_
- Insurance Waiver (attach)
- CIP# \_\_\_\_\_ (required for all goods /software greater than \$5,000)
- Feasibility Determination (attach approved form)
- Federal Funds (attach sub-recipient / contractor analysis)
- Reinstatement (attach written justification)
- Retroactive (attach written justification)

### Description of Services or Grant Award:

OHSU funds OCCYSHN, a public health nurse home visiting program focusing on community based care coordination for families with children, ages 0 through 20 years, with special health needs. Upon full execution of this Amendment and receipt of invoice, Pass Through Entity (PTE) will issue an advance payment of \$38,550. Payment 2) Upon satisfactory completion of the Statement of Work on or after 9/30/18 PTE will issue a payment of \$25,700. This agreement is retroactive due to receipt of OHSU agreement on 1/24/18. Decrease is a result of Promotora funds ending. Contract Value is now \$192,750 and agreement extended through 9/30/18.

### FOR FINANCE USE

Date Finance Received: \_\_\_\_\_ BOC Planning Date: \_\_\_\_\_ Date Legal Received: \_\_\_\_\_

Comments: \_\_\_\_\_

### REQUIRED APPROVALS:

Finance - Contracts \_\_\_\_\_ Date \_\_\_\_\_

Risk Manager \_\_\_\_\_ Date \_\_\_\_\_

Legal Counsel \_\_\_\_\_ Date \_\_\_\_\_

Chief Administrative Officer \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

To be filed

Added to master list

Returned to \_\_\_\_\_ Department for \_\_\_\_\_ signatures

| Research Subaward Agreement<br>Amendment Number 2   |   |  |   |
|---|---|--|---|
| Pass-through Entity (PTE)   |   | Subrecipient   |   |
| Institution/Organization ("PTE")<br>Entity Name: Oregon Health & Science University<br>Email Address: spasub@ohsu.edu<br>Principal Investigator: Benjamin Hoffman |   | Institution/Organization ("Subrecipient")<br>Entity Name: Marion County Health Department<br>Email Address: dbowles@co.marion.or.us<br>Principal Investigator: Patricia Vega |   |
| Project Title: Maternal and Child Health Services Block Grant   |   |  |   |
| PTE Federal Award No.<br>B04MC29358 (Via Subaward 143021)   |   | Federal Awarding Agency:<br>HRSA (via the Oregon Health Authority)   |   |
| Subaward Period of Performance:<br>Start Date: 10/01/2016 End Date: 09/30/2018  |   | Amount Funded This Action:<br>\$64,250   | Subaward No:<br>1010448 MARION_LHD  |
| Effective Date of Amendment:<br>10/01/2017  | Total Amount of Federal Funds<br>Obligated to Date: \$192,750 | Subject to FFATA:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Automatic Carryover:<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**Amendment(s) to Original Terms and Conditions**

This Amendment revised the above-referenced Research Subaward Agreement as follows:

The PTE Principal Investigator is hereby updated from Brian Rogers to Benjamin Hoffman.

Attachment 3A is updated as follows:

Principal Investigator  
Name: Benjamin Hoffman  
Phone: 503.494.6513  
Email: hoffmanb@ohsu.edu

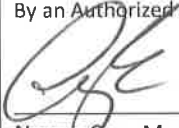
The Period of Performance is hereby extended through 09/30/2018.

The Current Budget Period is from 10/01/2017 through 09/30/2018.

Funds for the Current Budget Period are hereby awarded in the amount of \$64,250 per the Payment Schedule in Attachment 5.2.

The Statement of Work for the Current Budget Period is hereby incorporated as Attachment 5.2, Statement of Work.

All other terms and conditions of this Subaward Agreement remain in full force and effect.

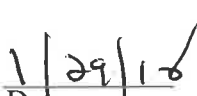
|  |  |
|--|--|
| By an Authorized Official of PTE                       | By an Authorized Official of Subrecipient  |
| _____ Date: _____                                      |  _____ Date: 2/6/18 |
| Jen Michaud<br>Subout Grants & Contracts Administrator | Name: Cary Moller<br>Title: Administrator  |

OREGON HEALTH & SCIENCE UNIVERSITY (OHSU) and  
MARION COUNTY  
Subaward No. 1010448\_Marion\_LHD  
Amendment 2

October 1, 2017 through September 30, 2018

MARION COUNTY

  
\_\_\_\_\_  
Pamela A. Hutchinson, Division Director


  
\_\_\_\_\_  
Date

Fund Verification      Service Code: 2705

  
\_\_\_\_\_  
Jeremiah Elliott, Sr. Administrative Svcs Mgr

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Patty Vega, Clinical Supervisor

  
\_\_\_\_\_  
Date

APPROVED AS TO FORM:

\_\_\_\_\_  
Marion County Legal Counsel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Marion County Contracts & Procurement

\_\_\_\_\_  
Date

MARION COUNTY BOARD OF COMMISSIONERS

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Date

SUBAWARD 1010448\_MARION\_LHD, Amendment 2  
Attachment 5.2

**PAYMENT SCHEDULE FOR THE CURRENT BUDGET PERIOD  
10/1/2017 through 09/30/2018:**

**Payment Schedule:**

The Payment Schedule in Attachment 5.3 is hereby replaced with the following:  
PTE shall pay Subrecipient according to the following schedule upon receipt of invoice from Subrecipient. Invoices are to be submitted via email to [spasub@ohsu.edu](mailto:spasub@ohsu.edu). If email of invoices is not possible, they may be mailed to the Financial Contact listed in Attachment 3A.

- Payment 1) Upon full execution of this Agreement and receipt of invoice, PTE will issue an advance payment of \$38,550.
  
- Payment 2) Upon satisfactory completion of the Statement of Work on or after 9/30/2018, receipt of invoice and Certification of Completion per Attachment 4, PTE will issue a payment of \$25,700.

The final invoice must be recieved no later than 45 days after the end of the budget period and must be clearly marked "FINAL."

**Oregon Center for Children and Youth with Special Health Needs  
Title V CYSHCN**

**Attachment A – Scope of Work**

**Part I - Introduction**

**Mission:**

The Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) improves the health, development, and well-being of all of Oregon’s children and youth with special health care needs.

**Vision:**

All of Oregon’s children and youth with special health care needs are supported by a system of care that is family-centered, community-based, coordinated, accessible, comprehensive, continuous, and culturally competent.

**2015-2020 Oregon Title V CYSHCN - National and State Priorities:**

- Medical Home
- Health Care Transition (Transition to Adult Health Care)
- Culturally and Linguistically Appropriate Services (CLAS)

**Population of Focus – children and youth with special health care needs (CYSHCN):**

*“Children with special health needs are those who have or are at risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. (McPherson, et al., 1998, p. 138).”*

**Contract Goals:**

- Increase capacity of the workforce to support OCCYSHN’s mission and vision.
- Contribute to Oregon meeting the Title V CYSHCN national and state priority measures.

## Part II - CaCoon – Scope of Work

***Up to 30 percent of county's contracted funds must be directed toward the CaCoon program.***

Please see Attachment D for breakdown of activities and payments for your local health department (LHD).

### **Contract Goals:**

- Increase families' knowledge, skills, and confidence in caring for children and youth with special health care needs (CYSHCN) through CaCoon home visiting.
- CaCoon focuses on community-based care coordination. Services are provided by LHD-employed registered nurses, and delivered primarily through home visiting.

### ***CaCoon Program Eligibility***

- **Age Eligibility:** CaCoon serves children and youth ages birth to 21<sup>st</sup> birthday.
- **Diagnostic eligibility:** The "B Codes" of the Oregon Child Health Information Data System (ORCHIDS) outline diagnostic eligibility or Targeted Case Management (TCM) diagnostic/condition eligibility as outlined in OAR 410-138-004.
- **Financial Eligibility:** CaCoon is open to all children regardless of insurance status or family income.

### **Subcontractor Responsibilities (CaCoon Standards):**

1. The Subcontractor establishes and maintains a triage system for home visiting that prioritizes the most vulnerable children and youth with special health care needs for CaCoon services.
2. When the subcontractor is unable to provide home visiting services for a child who has been referred, the Subcontractor will, at a minimum...
  - i. Notify the referring entity that Subcontractor is unable to provide services and provide rationale AND
  - ii. Refer the child/family to...
    - primary care (specifically a Patient-Centered Primary Care Home, when available).
    - appropriate educational services
    - a family-support program (such as the Oregon Family to Family Health Information Center).
3. The Subcontractor assures timely contact with CaCoon home-visiting referrals. At a minimum, initial outreach is implemented within ten (10) business days of receiving referral. Initial outreach may be by telephone or other means.
4. All nurses serving CaCoon clients collaborate with the child's health care team to assure that the following assessments are completed for each child/family on the CaCoon caseload:
  - Assessment of child/family's strengths, needs, and goals.

- Assessment of child/family's health-related learning needs.
  - Assessment of child's functional status and limitations, including ability to attend school and school activities.
  - Early and continuous screening for special health care needs including physical, developmental, mental health, and oral health assessments as recommended by the American Academy of Pediatrics.<sup>1</sup>
  - Assessment of access to child's health care team members as well as social supports.<sup>2</sup>
  - Assessment of access to supportive medical and/or adaptive equipment and supplies, *e.g.*, suction machine, wheelchair, medications, formula, feeding tube.
  - Assessment of family financial burden related to care of child with special health care needs.
  - Assessment of housing and environmental safety.
  - Assessment of emergency preparedness.
  - Assessment of preparedness for youth transition to adult health care, work, and independence, if appropriate to age.
  - Assessment of child/family satisfaction regarding services they receive.
5. In partnership with the child/family and the broader health care team, nurses serving CaCoon clients develop the nursing care plan which:
- Is based in, and responsive to accurate and appropriate assessments (see number 4 above).
  - Includes goals, progress notes, and a plan for discharge from CaCoon services.
  - Demonstrates evidence of nursing support to increase child/family engagement with primary care; specifically, a Patient-Centered Primary Care Home when available.
  - Demonstrates evidence of effective coordination with the primary care physician and specialty providers as well as the broader health care team. Coordination includes:
    - Timely and appropriate referral to needed services.
    - Identification and problem-solving around barriers to referral follow-up.
    - Identification and elimination of redundancy of services.
    - Promotion of a shared and actionable plan of care that speaks to the continuum of child/family experience with health care and related systems.
    - Timely, informative, and concise updates that are shared with appropriate members of the health care team, including the primary care provider and the family.
  - Demonstrates evidence of child/family-centeredness, including:



- Strategies to increase the child/family's capacity to obtain, process, and understand health information to make informed decisions about health care
  - Evidence of child/family partnership in developing the plan of care
  - Evidence of interventions that increase the child/family's capacity to implement the plan of care, *e.g.* caregiver support, teaching, and provision of anticipatory guidance.
  - Cultural and linguistic appropriateness.
- Provides for nurse visits that are sufficient in frequency and length to achieve the goals outlined in the care plan.
  - Anticipates and supports youth transition to adult health care, work, and independence.
  - Is re-evaluated as required with changing circumstances, but no less frequently than every six (6) months.
6. Encounter data for every CaCoon visit is entered into the Oregon Health Authority's information management system (either the ORCHIDS database or "Tracking Home-visiting Effectiveness in Oregon" - THEO when it is brought online).
  7. Each CaCoon nurse and supervisor actively participates in educational opportunities that support continuous improvement of his/her CaCoon practice. At a minimum, when beginning his/her CaCoon practice, each CaCoon nurse completes the "Introduction to CaCoon" posted on the OCCYSHN website.
  8. The subcontractor's Principal Investigator (PI) is responsible for compliance with the subcontract. PI may designate a different person to serve as CaCoon Lead as key point of contact with the OCCYSHN staff. The CaCoon Lead will submit the Annual CaCoon Accountability Report which is due to OCCYSHN by September 1, 2018.

<sup>1</sup>American Academy of Pediatrics "Bright Futures" - Recommendations for Preventive Pediatric Health Care - Periodicity Schedule. <https://www.aap.org/en-us/professional-resources/practice-support/Pages/PeriodicitySchedule.aspx>

<sup>2</sup> In addition to the primary care provider and the family, the broader health care team for CYSHCN might include:

- ✓ Child care and/or respite care
- ✓ Children's Intensive In-home Services
- ✓ Community-based family support organizations
- ✓ Community Developmental Disabilities (DD) Programs (CDDP)
- ✓ Dentist/Orthodontist
- ✓ Department of Human Services – Child welfare
- ✓ Durable medical equipment agency
- ✓ Early Intervention/ Early Childhood Special Education (EI/ECSE)
- ✓ Emergency medical services
- ✓ Exceptional Needs Care Coordinator (ENCC) at the Coordinated Care Organization (CCO)
- ✓ Oregon Family to Family Health Information Center (OR F2F HIC)
- ✓ Housing supports
- ✓ Medical specialists
- ✓ Mental health services
- ✓ Occupational therapy

- ✓ Pharmacy
- ✓ Physical therapy
- ✓ School systems, including special education
- ✓ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ✓ Speech therapy
- ✓ Supplemental Security Income (SSI)
- ✓ Transportation supports

### Part III - Shared Plans of Care (SPOC) – Scope of Work

*At least 70 percent of county's contracted funds must be directed toward the development and implementation of Shared Plans of Care (SPOC).* Please see Attachment D for breakdown of activities and payments for your LHD.

#### **Contract Goals:**

- Increase effective and efficient use of the health care system, with focus on the National and State Priority Measures, through development and implementation of Shared Plans of Care (SPOC) for selected CYSHCN.
- Enhance communication and accountability between families of referred children and youth with special health care needs (CYSHCN) and their key providers and service system representatives.

#### **Subcontractor Responsibilities:**

1. The Subcontractor's Principal Investigator (PI) is responsible for compliance with the subcontract. PI may designate a different person to serve as SPOC Lead as key point of contact with the OCCYSHN staff.
2. Convene SPOC meetings and communicate with SPOC team members as needed to ensure effective meetings and ongoing care coordination.
3. Engage partner agencies, at the system level, as needed to support the work.
4. The content described in the OCCYSHN-provided SPOC Template, as supported by the SPOC Handbook, is required. (Note that fidelity to formatting of the SPOC Template is not a requirement). (<http://www.ohsu.edu/xd/outreach/occyshn/programs-projects/SPoC.cfm>)
5. The SPOC Team will jointly develop SPOCs in real time. Virtual attendance at meetings may be allowable if all legal and access conditions are met.
6. Include, at a minimum, representatives from the following sectors:
  - i. family member or youth,
  - ii. Medical Home primary care provider or designee,
  - iii. appropriate education system representative,
  - iv. mental/behavioral health provider (if applicable),
  - v. public health professional, and
  - vi. payor.

7. Ensure fidelity to the SPOC process as described in the SPOC Handbook (<http://www.ohsu.edu/xd/outreach/occyshn/programs-projects/SPoC.cfm>)
  
8. Conduct the total number of required SPOC (numbers vary per LHD). Please see Attachment D for a breakdown of your LHD's activities and payments.
  - 60% of required SPOC are 6-month re-evaluations. Re-evaluations should follow the SPOC process.
  - 40% of required SPOC must be for newly-identified CYSHCN (i.e. initiation of a SPOC for a client who does not have one).
  - Approximately 20% of total SPOC must address **transition** to adult health care for a child 12 years up to their 21<sup>st</sup> birthday. Please see Attachment D for breakdown of activities.
  - At least 40% of total SPOC must address the needs of a child with a **complex** condition. Please see Attachment D for breakdown of activities and Attachment E for Memorandum with Definition of Complex for SPOC.
  - The transition-focused and complex requirements are not mutually exclusive. That is, a SPOC may serve a CYSHCN who is both transition-focused AND complex. In this case, the SPOC would count toward both the transition requirements AND the complex requirements.
  
9. Ensure:
  - all appropriate releases of information are signed;
  - participation in monthly OCCYSHN-facilitated technical assistance webinars; and
  - participation in annual SPOC Regional Meetings facilitated by OCCYSHN.
  
10. Participate in evaluation activities required by OCCYSHN:
  - submit SPOC Information Forms for each SPOC initiated or re-evaluated;
  - offer Study Interest Form to every family and return all completed forms to OCCYSHN;
  - complete a Mid-year Report via REDCap; and
  - complete a Year-end Report via REDCap or email.

## **Attachment B**

### **Use of Allotment Funds [Section 504]**

The SUBAWARDEE may use funds paid to it for the provision of health services and related activities (including planning, administration, education, and evaluation) consistent with its application. It may also purchase technical assistance if the assistance is required in implementing programs funded by Title V.

Funds may be used to purchase technical assistance from public or private entities if required to develop, implement, or administer the MCH Block Grant.

Funds may be used for salaries and other related expenses of National Health Services Corps personnel assigned to the State.

Funds may not be used for cash payments to intended recipients of health services or for purchase of land, buildings, or major medical equipment.  
Other restrictions apply.

Funds may not be used to make cash payments to intended recipients of services.

Funds may not be provided for research or training to any entity other than a public or non-profit private entity.

Funds may not be used for inpatient services, other than for children with special health care needs or high-risk pregnant women and infants or other inpatient services approved by the Associate Administrator for Maternal and Child Health. Infants are defined as persons less than one year of age.

Funds may not be used to make payments for any item or service) other than an emergency item or service) furnished by an individual or entity excluded under Titles V, XVIII (Medicare), XIX (Medicaid), or XX (Social Services Block Grant) of the Social Security Act.

MCH Block Grant funds may not be transferred to other block grant programs.

## Babies First and CaCoon Risk Factors (A Codes and B Codes)

| <b>Babies First!</b><br>(Birth through 4 years of age)                         | <b>CaCoon</b><br>(Birth through 20 years of age)   |
|--|--|
| <b>Medical Risk Factors</b>  | <b>Diagnoses</b>   |
| A1. Drug exposed infant (See A29)  | B1. Heart disease  |
| A2. Infant HIV positive  | B2. Chronic orthopedic disorders   |
| A3. Maternal PKU or HIV positive   | B3. Neuromotor disorders including cerebral palsy & brachial nerve palsy   |
| A4. Intracranial hemorrhage (excludes Very High Risk Factor B16)               | B4. Cleft lip and palate & other congenital defects of the head and face   |
| A5. Seizures (excludes VHR Factor B18) or maternal history of seizures         | B5. Genetic disorders (i.e., cystic fibrosis)  |
| A6. Perinatal asphyxia   | B6. Multiple minor physical anomalies  |
| A7. Small for gestational age  | B7. Metabolic disorders  |
| A8. Very low birth weight (1500 grams or less)                                 | B8. Spina bifida   |
| A9. Mechanical ventilation for 72 hours or more prior to discharge             | B9. Hydrocephalus or persistent ventriculomegaly   |
| A10. Neonatal hyperbilirubinemia   | B10. Microcephaly & other congenital or acquired defects of the CNS including craniosynostosis   |
| A11. Congenital infection (TORCH)  | B12. Organic speech disorders (dysarthria/dyspraxia)   |
| A12. Central nervous system infection (e.g., meningitis)                       | B13. Hearing loss  |
| A13. Head trauma or near drowning: monitoring change                           | B23. Traumatic brain injury  |
| A14. Failure to grow   | B24. Fetal Alcohol Spectrum Disorder   |
| A16. Suspect vision impairment: monitoring change                              | B25. Autism, Autism Spectrum Disorder  |
| A18. Family history of childhood onset hearing loss                            | B26. Behavioral or mental health disorder with developmental delay   |
| A24. Prematurity   | B28. Chromosome disorders (e.g., Down syndrome)  |
| A25. Lead exposure   | B29. Positive newborn blood screen   |
| A26. Suspect hearing impairment: newborn hearing screen REFER                  | B30. HIV, seropositive conversion  |
| A29. Alcohol exposed infant  | B31. Visual impairment   |
| <b>Social Risk Factors</b>   | <b>Very High Risk Medical Factors</b>  |
| A19. Maternal age 16 years or less   | B16. Intraventricular hemorrhage (grade III, IV) or cystic periventricular leukomalacia (PVL) or chronic subdurals                     |
| A21. Parental alcohol or substance abuse                                       | B17. Perinatal asphyxia <u>accompanied by</u> seizures   |
| A22. At-risk caregiver   | B18. Seizure disorder  |
| A23. Concern of parent/provider  | B19. Oral-motor dysfunction requiring specialized feeding program (gastrostomies and/or failure to grow, both organic and non-organic) |
| A28. Parent with history of mental illness                                     | B20. Chronic lung disease (e.g., on oxygen, infants with tracheostomies)   |
| A30. Parent with developmental disability                                      | B21. Suspect neuromuscular disorder including abnormal neuromotor exam at NICU discharge   |
| A31. Parent with Child Welfare history   |  |
| A32. Parent with domestic violence history                                     | <b>Developmental Risk Factors</b>  |
| A33. Parent with limited financial resources                                   | B22. Developmental delay   |
| A34. Parent with sensory impairment or physical disability                     |  |
| A35. Parent with inadequate knowledge and supports                             | <b>Other</b>   |
| A36. Other evidence-based social risk factor                                   | B90. Other chronic conditions not listed   |
| <b>Other</b>   |  |
| X99. Child is not being enrolled in High Risk Infant Tracking protocol         |  |
| X00. Change in X99 status to enrollment in High Risk Infant Screening Protocol |  |

## Babies First Risk Factor Definitions

| Babies First!<br>Medical Risk Factors |   |  |
|---------------------------------------|---|--|
| A1.                                   | Drug exposed infant (See A29)   | Documented history of maternal drug use or infant with positive drug screen at birth   |
| A2.                                   | Infant HIV Positive   | Infant tested positive at birth or after 1 year of age   |
| A3.                                   | Maternal PKU or HIV Positive  | Maternal history of PKU or mother tested positive HIV virus  |
| A4.                                   | Intracranial hemorrhage (excludes Very High Risk Factor B16)                  | Subdural, subarachnoid, intracerebral, or intraventricular hemorrhage, Grade I or II. Excludes Grade III or IV hemorrhage, or other factors listed in B16.   |
| A5.                                   | Seizures (excludes Very High Risk Factor B18) or maternal history of seizures | History of seizure disorder in mother. Seizures not requiring medical intervention (i.e., febrile seizures). Excludes factors in B18.  |
| A6.                                   | Perinatal asphyxia  | Perinatal asphyxia (includes one or more of the following: 5 minute Apgar score of 4 or less, no spontaneous respiration until 10 minutes of age, hypotonia persisting to 2 hours of age, or renal failure & other medical complications of asphyxia). |
| A7.                                   | Small for gestational age   | Birth weight below 10 <sup>th</sup> percentile for gestational age   |
| A8.                                   | Very low birth weight   | Birth weight 1500 grams or less  |
| A9.                                   | Mechanical ventilation  | For 72 hours prior to hospital discharge   |
| A10.                                  | Neonatal hyperbilirubinemia   | Requiring treatment with exchange transfusion  |
| A11.                                  | Congenital infection (TORCH)  | Toxoplasmosis/Toxoplasma gondii, other infections (hepatitis B, syphilis, varicella-zoster virus, HIV, and parvovirus), rubella, cytomegalovirus, herpes simplex virus   |
| A12.                                  | Central nervous system (CNS) infection  | Includes bacterial meningitis, herpes, or viral encephalitis/meningitis with no sequel.  |
| A13.                                  | Head trauma or near drowning: monitoring for change                           | Head trauma with loss of consciousness, needs monitoring   |
| A14.                                  | Failure to grow   | Failure to grow. Unknown etiology needs persistent referral for medical work-up and ongoing monitoring for change.   |
| A16.                                  | Suspect vision impairment: monitoring for change                              | Inability to visually fix or track per vision screen   |

| <b>Babies First!</b><br><b>Medical Risk Factors</b> |  |  |
|---|--|--|
| A18.  | Family history of childhood hearing loss                 | Family member is a blood relative and loss is not associated with injury, accident or other non-genetic problem.   |
| A24.  | Prematurity  | Infant born before completion of 37 weeks gestation, regardless of birth weight. For Babies First program, also includes low birth weight infants, birth weight less than 2500 grams.  |
| A25.  | Lead exposure  | Blood lead levels >10µg/dL   |
| A26.  | Suspect hearing impairment: newborn hearing screen REFER | Newborn hearing screening status REFER, needs further assessment and monitoring.   |
| A29.  | Alcohol exposed infant                                   | Heavy and/or Binge Drinking <u>at any time during pregnancy</u> . Heavy Drinking is more than one alcoholic drink per day on average. Binge Drinking is 4 alcoholic drinks or more in one sitting. Often Heavy Drinking also includes Binge Drinking. However, both do not have to have occurred during the pregnancy to use this risk code. |

| <b>Babies First!</b><br><b>Social Risk Factors</b> |   |   |
|--|---|---|
| A19.   | Maternal age 16 years or less             | Mother was 16 years or less at time of delivery.  |
| A21.   | Parental alcohol or substance abuse       | Known or suspected abuse of substances  |
| A22.   | At-risk caregiver                         | Suspect caregiver/child interaction, incarcerated parent, no prenatal care  |
| A23.   | Concern of parent or provider             | Any other concern related to infant growth, physical or emotional health, or development.   |
| A28.   | Parent with history of mental illness     | Parent reports or has current symptoms of mental health problems.   |
| A30.   | Parent with developmental disability (DD) | Parent has a disability that is likely to continue, and significantly impact adaptive behavior. DD includes mental retardation, autism, cerebral palsy, epilepsy, or other neurological disabling conditions that require training or support similar to that required by individuals with intellectual disabilities. |
| A31.   | Parent with Child Welfare history         | Parent has a history of being abused and/or neglected as a child, or a history of abusing or neglecting a child.  |



| <b>Babies First!</b>       |   |  |
|----------------------------|---|--|
| <b>Social Risk Factors</b> |   |  |
| A32.                       | Parent with domestic violence history                 | Parent is impacted by current or past history of domestic violence: a pattern of assaultive and/or coercive behaviors including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their domestic or intimate partners. |
| A33.                       | Parent with limited financial resources               | Inadequate financial resources. Struggles to provide basic needs: food, clothing, shelter, utilities.  |
| A34.                       | Parent with sensory impairment or physical disability | Sensory impairment or incapacitating physical disability.  |
| A35.                       | Parent with inadequate knowledge and supports         | Parent has inadequate knowledge and abilities related to basic infant care, and has inadequate social support and limited coping abilities.  |
| A36.                       | Other evidence-based social risk factor               | Other social risk factor, established through research, is associated with poor child health outcomes.   |

| <b>Babies First!</b>      |   |   |
|---------------------------|---|---|
| <b>Other Risk Factors</b> |   |   |
| X99.                      | Child is not being enrolled in High Risk Infant Tracking protocol         | <p>The client is not being enrolled in the HRI (High Risk Infant) tracking protocol. The nurse does not intend to follow or monitor the client for growth and development, according to the protocol listed in the Babies First! Manual. This could be a client who is seen once or twice for breastfeeding support, or for an initial assessment that indicated the client did not need HRI follow-up.</p> <p>Client must be enrolled in Babies First, NFP, or CaCoon if TCM billing occurs.</p> |
| X00.                      | Change in X99 status to enrollment in High Risk Infant Screening Protocol | If a child was originally determined to fit into the X99 category and then the nurse later determines she will enroll the child in the HRI protocol, then the code X00 is added to the eligibility criteria.  |

## CaCoon Risk Factor Definitions

| CaCoon Diagnoses |  |   |
|------------------|--|---|
| B1.              | Heart disease  | Congenital or acquired heart disease or arrhythmias   |
| B2.              | Chronic orthopedic disorders   | Congenital or acquired, chronic or recurrent orthopedic problems, e.g., club feet, congenital hip dislocation, juvenile rheumatoid arthritis and growth disorders   |
| B3.              | Neuromotor disorders including cerebral palsy & brachial nerve palsy                                 | Static neuromotor disorder, including cerebral palsy and brachial nerve palsy (congenital or acquired); primary muscle disease; and movement disorders  |
| B4.              | Cleft lip and palate & other congenital defects of the head & face                                   | Cleft lip and/or palate, submucousal cleft palate or congenital/acquired velopharyngeal incompetence. Anomalies of the face or cranium that are sufficient to interfere with function or to significantly alter appearance. Examples of syndromes which typically fit these criteria: Crouzon; Apert's; Goldenhaar's, Microtia/atresia. |
| B5.              | Genetic disorders (i.e., cystic fibrosis)  | Any condition that can be inherited including single gene disorders and chromosome abnormalities  |
| B6.              | Multiple minor physical anomalies  | Multiple minor anomalies, one or more major anomalies, or a combination of minor and major anomalies.   |
| B7.              | Metabolic disorders  | Inborn errors of metabolism including amino acid disorders (e.g. PKU), fatty acid oxidation disorders, organic acid disorders, storage disorders, galactosemia, vitamin D deficient rickets.  |
| B8.              | Spina bifida   | Neural tube defects including myelomeningocele, spinal cord and peripheral nerve injury   |
| B9.              | Hydrocephalus or persistent ventriculomegaly   | Congenital or acquired dilatation of the cerebral ventricles  |
| B10.             | Microcephaly & other congenital or acquired defects of the CNS including craniosynostosis            | Congenital small head size; brain injury acquired by postnatal neurological insult (i.e., vascular accident, shaken baby syndrome, CNS tumor or toxin, or head trauma)  |
| B12.             | Organic speech and language disorders (dysarthria/dyspraxia, only oral motor dysfunction, dysphasia) | Disorders resulting from congenital or acquired deficits involving neuromotor, structural, oral systems   |

| <b>CaCoon<br/>Diagnoses</b> |   |   |
|-----------------------------|---|---|
| B13.                        | Hearing loss  | As confirmed by diagnostic evaluation   |
| B23.                        | Traumatic brain injury  | An injury to the brain by an external physical force or event, resulting in the impairment of one or more of the following areas: speech, memory, attention, reasoning, judgment, problem solving, motor abilities, and psychosocial behavior   |
| B24.                        | Fetal Alcohol Spectrum Disorder                               | A pattern of physical features and developmental delay that occurs in children whose mother consumed alcohol during pregnancy   |
| B25.                        | Autism, Autism Spectrum Disorder                              | Confirmed diagnosis of developmental disorder affecting communication, understanding language, play, and interaction with others, often with stereotypical behaviors. E.g., Autism with Mental Retardation, High Functioning Autism, Pervasive Developmental Disability, Asperger's Syndrome.   |
| B26.                        | Behavioral or mental health disorder with developmental delay | Confirmed diagnosis of extreme or unacceptable chronic behavior problems or maladaptive behavior; or medical diagnosis of mental health disorder. Either condition must also have developmental delay. Not for children with ONLY mental health disorders. Examples of individuals who qualify: a three year old who can no longer attend day care because of aggressive behavior and whose language is delayed but without signs of autism; a child diagnosed with OCD and cognitive impairment; a child whose parents are considering out of home placement who also qualifies for special education. |
| B28.                        | Chromosome disorders, e.g., Down syndrome                     | Any chromosome disorder, including trisomies, monosomies, deletions, duplications or rearrangements.  |
| B29.                        | Positive newborn blood screen                                 | Positive newborn screening blood test or confirmed condition detected by newborn screening.   |
| B30.                        | HIV, seropositive conversion                                  | Infant/child without maternal antibodies, producing own HIV antibodies.   |
| B31.                        | Visual impairment   | Inability to visually track or fix, medical diagnosis of visual impairment requiring educational accommodation.   |

| <b>CaCoon</b>                         |   |  |
|---------------------------------------|---|--|
| <b>Very High Risk Medical Factors</b> |   |  |
| B16.                                  | Intraventricular hemorrhage (Grade III, IV) or cystic periventricular leukomalacia (PVL) or chronic subdurals                     | Intracranial hemorrhage usually occurring due to anoxia, birth trauma, or disturbances in neonatal circulation   |
| B17.                                  | Perinatal asphyxia <u>accompanied by</u> seizures   | Perinatal asphyxia accompanied by seizures resulting from the anoxic event (asphyxia includes one or more of the following: 5 minute Apgar score of 4 or less, no spontaneous respiration until 10 minutes of age, hypotonia persisting to 2 hours of age, or renal failure & other medical complications of asphyxia) |
| B18.                                  | Seizure disorder  | Seizures requiring medical intervention and where family needs assistance accessing medical and/or other services  |
| B19.                                  | Oral-motor dysfunction requiring specialized feeding program (gastrostomies) and/or failure to grow, both organic and non-organic | Difficulty coordinating suck/swallow/breathing; reflux; inadequate suck, lip closure (around bottle, cup, or spoon), poor tongue motion, no tongue laterization, no munching or chewing in older children, organic and non-organic Failure To Thrive   |
| B20.                                  | Chronic lung disease (e.g., on oxygen, infants with tracheostomies)   | Respiratory distress syndrome, transient tachypnea of the newborn, meconium aspiration syndrome, bronchiopulmonary dysplasia, trachent malacia, hypoplastic lung disease, cystic hygroma, near drowning  |
| B21.                                  | Suspect neuromuscular disorder  | Abnormal motor screen or abnormal exam at NICU discharge, or test results that are suggestive of cerebral palsy or other neuromotor disorders  |

| <b>CaCoon</b>                     |                     |  |
|-----------------------------------|---------------------|--|
| <b>Developmental Risk Factors</b> |                     |  |
| B22.                              | Developmental Delay | Below average performance, including delays in cognitive, motor, communication and/or social skills; abnormal developmental screening results on a standardized developmental test, including children with behavioral concerns related to their delays. |

| <b>CaCoon<br/>Other</b> |                                     |   |
|-------------------------|-------------------------------------|---|
| B90.                    | Other chronic conditions not listed | Other chronic health conditions, especially where family needs significant assistance accessing medical or other needed services. |

**Marion County Health Department  
FY18 Activity Breakdown and Payment Schedule**

**Marion County Health Department** shall complete the following:

| CaCoon Activities<br>30% | SPOC Activities<br>70% | Total Subcontract<br>100% |
|--------------------------|------------------------|---------------------------|
| \$19,275                 | \$44,975               | \$64,250                  |

With your SPOC activities, you agree to complete the following number of SPOC in the following categories (see Attachment A Part III (SPOC scope of work) and Attachment E for definitions of complex and further details)

|    |               |
|----|---------------|
| 9  | Re-evaluation |
| 6  | New           |
| 15 | Total SPOC    |

Each SPOC developed will serve a unique child or youth and their family.

Of the total SPOC to be completed:

|              |   |                                  |
|--------------|---|----------------------------------|
| a minimum of | 6 | must be Complex SPOCs; and       |
| a minimum of | 3 | must be Transition-Focused SPOCs |

Note: The transition-focused and complex requirements are not mutually exclusive. That is, a SPOC may serve a CYSHCN who is both transition-focused AND complex. In this case, the SPOC would count toward both your transition-focused requirements AND your complex requirements.

**This subcontract will be paid in two installments on the following schedule:**

|   | Direct Costs | Indirect Costs | Total Costs |
|---|--------------|----------------|-------------|
| LHD to invoice OHSU an initial 60% as soon as subcontract is fully executed         | \$35,045     | \$3,505        | \$38,550    |
| LHD to invoice OHSU the FINAL 40% after LHD has submitted all required deliverables | \$23,364     | \$2,336        | \$25,700    |
| <b>Total Funding</b>  | \$58,409     | \$5,841        | \$64,250    |



January 19, 2017

ATTACHMENT E

MEMORANDUM

TO: OCCYSHN Local Public Health Partners
FROM: OCCYSHN SPOC Implementation Team
RE: Definition of Complex for SPOC

Institute on Development & Disability

Oregon Center for Children & Youth with Special Health Needs (OCCYSHN)

Mail code CDRC
707 SW Gaines Street
Portland, OR 97239
tel 503-494-8303
toll free 1-877-307-7070
fax 503-494-2755
occyshn@ohsu.edu
www.occyshn.org

Children and youth with special health care needs (CYSHCN) are "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition, and who also require health and related services of a type or amount beyond that required by children generally" (McPherson et al., 1998).

For the purposes of county SPOC implementation, CYSHCN may be identified as complex if they have (a) medically complex conditions or (b) have both a health condition(s) and social complexity(ies).

- CYSHCN with medical complexity "have multiple significant chronic health problems that affect multiple organ systems and result in functional limitations, high health care need or utilization, and often the need for or use of medical technology" (Kuo & Houtrow, 2016, p. e1).

i. Examples

• A child with a genetic syndrome with an associated congenital heart defect, difficulty with swallowing, cerebral palsy, and a urologic condition. The child requires the care of a primary care physician, pediatric subspecialists, home nurses, rehabilitative and habilitative therapists, community-based services, pharmaceutical therapies, special nutritional attention, and durable medical equipment.

• A child with a chronic neurodevelopmental disability in need of assistance with medical equipment, such as a tracheostomy and gastrostomy tubes.

ii. Functional limitations are restrictions in the child's ability to do the things typically developing children of the same age can do in their daily lives. The limitations may be permanent or temporary. Examples include inability to perform tasks like dressing or walking or unable to participate in life events like attending school. More information is available on functional limitations in the World Health Organization's International Classification of Functioning, Disability, and Health (ICF).

- CYSHCN with social complexity have a physical, developmental, behavioral, or emotional condition and they, or their families, have experienced or currently are experiencing one or more of the following:

- 1. Adolescent exposure to intimate partner violence
2. Child abuse/neglect - child welfare system involvement
3. Child criminal justice involvement
4. Child mental illness
5. Child substance abuse
6. Discontinuous insurance coverage
7. Foreign born parent
8. Foster care
9. Homelessness
10. Low English proficiency
11. Low parent educational attainment
12. Parent criminal justice involvement
13. Parent death
14. Parent domestic violence
15. Parent mental illness
16. Parent physical disability
17. Parent substance abuse
18. Severe poverty (TANF eligible)

Source: Center of Excellence on Quality of Care Measures for Children with Complex Needs, University of Washington & Seattle Children's Research Institute, 2016

**ATTACHMENT F**

**Local Health Departments (LHD) FY18 Deliverables Checklist  
October 1, 2017 - September 30, 2018**

| Done | Due Date(s) / Prompt  | Item  | Subcontractor Responsibility  |
|------|---|---|---|
| ✓    | As soon as possible   | <b>FY18 Contact Form</b>  | Subcontractor completes and returns to <a href="mailto:occyshn@ohsu.edu">occyshn@ohsu.edu</a>   |
|      | Email received from <a href="mailto:michauj@ohsu.edu">michauj@ohsu.edu</a> in Fall 2017 | <b>Subcontracts for FY18</b>  | Subcontractor signs and returns to Jen Michaud ( <a href="mailto:michauj@ohsu.edu">michauj@ohsu.edu</a> ) for OHSU to fully execute FY18 subcontracts |
|      | After subcontract is fully executed   | <b>First Invoice</b>  | Subcontractor submits <b>signed</b> invoice to <a href="mailto:spasub@ohsu.edu">spasub@ohsu.edu</a> after contract execution                          |
|      | Feb-March 2018  | <b>SPOC Mid-Year Report</b><br>[to meet Att 4, checked box #2 deliverables]*            | Unique weblink will be sent to SPOC Lead  |
|      | By 9/1/18   | <b>CaCoon Accountability Report</b><br>[to meet Att 4, checked box #1 deliverables]     | Unique weblink to be sent to CaCoon Lead in July 2018 who submits via <u>Survey Monkey</u>  |
|      | 9/30/18   | FY18 Contract Period ends   |   |
|      | Ongoing, all due no later than 9/30/18  | <b>SPOC Information Forms</b><br>[to meet Att 4, checked box #2 deliverables]           | Weblink provided to SPOC Lead via email on a monthly basis  |
|      | Ongoing, all due no later than 9/30/18  | <b>SPOC Family Survey Interest Form</b><br>[to meet Att 4, checked box #2 deliverables] | SPOC Lead completes with interested family; faxes to OCCYSHN at 503-494-2755  |
|      | Aug-Sept 2018   | <b>SPOC Year-End Report</b><br>[to meet Att 4, checked box #2 deliverables]             | Unique weblink will be sent to SPOC Lead  |
|      | By 11/15/18   | <b>Certificate of Completion</b><br>[to meet Att 4, checked box #5 deliverables]        | Subcontractor sends to <a href="mailto:spasub@ohsu.edu">spasub@ohsu.edu</a><br>Must be included in Final Invoice                                      |
|      | By 11/15/18   | <b>Final Invoice</b><br>Must contain Certificate of Completion                          | Subcontractor submits <b>signed final</b> invoice to <a href="mailto:spasub@ohsu.edu">spasub@ohsu.edu</a> . Must be labeled FINAL                     |
|      | By 11/30/18   | <b>Final Invention Statement and Certificate Form</b><br>[Att 4, checked box #4]        | Subcontractor must complete, sign, and submit form to <a href="mailto:occyshn@ohsu.edu">occyshn@ohsu.edu</a> . Negative report is still due.          |

\*Attachment 4 of the original subcontract agreement cite reporting requirements