

WASHINGTON STATE FIRST STEPS NEWS

A newsletter for Maternity Support Services and Infant Case Management Providers



Issue 7
January 2007

CHARTING AND DOCUMENTATION UPDATE

Submitted by Jan Crayk, Maternal and Infant Health Consultant, Dept of Health

The First Steps charting and documentation requirements have now been in effect for an entire year. State staff understand that making these changes and using the forms has been a difficult and time-consuming transition – one which many practitioners feel has taken time away from serving clients. State staff greatly appreciate all the individual and collective efforts to comply with the requirements, as well as the feedback received from many agencies and practitioners. Your comments have ranged from finding specific forms very useful to definite dissatisfaction with other forms. Comments are most useful when they include specific suggestions for improvement. Thank you for taking the time to provide feedback and be assured that it will be thoughtfully reviewed during the quality improvement process.

The state is in the process of selecting a contractor to aid in developing a continuous quality improvement process for FS charting and documentation. This work will begin in January and further details will be shared. An important piece of the work will be to use an approach that includes effective communication strategies to keep agencies and individual practitioners involved and up-to-date. This work is being viewed as a long-term process, so please don't expect simultaneous major revisions of all forms. Please be looking for future communications about this work.

Lastly, even though the funding is not currently available to build a data warehouse for electronic transfer of data, it is still important to work toward standardizing FS documentation and reaching a consensus of what data elements need to be collected. Further discussion around these issues will be part of the quality improvement process.

Welcome to Infant Case Management, DSHS form #13-792 has been translated into 8 languages. The languages are Cambodian (CA), Chinese (CH), Korean (KO), Laotian (LA), Russian (RU), Somali (SM), Spanish (SP) and Vietnamese (VI). The forms, posted on the DSHS Forms and Records Management Services (FRMS) website, can be downloaded in any of the above languages. Click on <http://asd.dshs.wa.gov/FormsMan/FormPicker.aspx> Find the form by entering either the number of the form 13-792, the title of the form, or desired language.



MONITORING PLAN UPDATE

The First Steps state team wants providers to know there will be some changes in the way we monitor. Primarily we are upgrading our system so we can monitor with laptops and use electronic documentation tools, enabling providers to receive results of the monitoring visit more quickly. During monitoring visits in the coming months, the state team will be piloting the three tools: a business requirements tool, an MSS client chart review tool, and an ICM client chart review tool. We will use the pilot experiences to revise the tools. State staff's final monitoring review tools will be sent to First Steps Coordinators so they can preview the monitoring tools. We will also send monitoring tools to agencies at least one month before scheduled monitoring visits. If you have further questions about the monitoring plan, please contact either Diane Bailey at Diane.bailey@doh.wa.gov, telephone 360-236-3580 or Maureen (Mo) Lally at lallyma@dshs.wa.gov, telephone 360-725-1655.



In this Issue:

- Charting & Documentation Update
- Monitoring Plan Update
- Behavioral Health Specialist Qualifications
- Perinatal Depression Screening Project
- Birth Certificate Data Quality
- ProviderOne
- Update from First Steps Database
- Neglect Legislation
- Ways to Fund Classes in Your Agency
- New Early Childhood Oral Health (ECOH) Program Manager
- Healthy Options Behavioral Health Benefit
- Do You Have Your NPI?
- Share Your Opinion – FS News
- **Chart** - Children with Special Health Care Needs



BEHAVIORAL HEALTH SPECIALIST QUALIFICATIONS

Submitted by Becky Peters, Behavioral Health Specialist Consultant, Dept of Health

The Behavioral Health Specialist (BHS) is an integral member of the MSS interdisciplinary team; BHS have varied education and experience. In addition to meeting First Steps qualifications, Behavioral Health Specialists are subject to all the same laws and regulations established for counselors. This article attempts to clarify the current qualifications and summarize related law. It is also the beginning of a dialogue to further clarify roles and responsibilities for the MSS BHS.

The preferred qualification for the MSS Behavioral Health Specialist (BHS) is Washington State Licensure in one of several related fields. Preferred professional licenses are: Mental Health Counselor; Independent Clinical Social Worker; Social Worker, Marriage and Family Therapist; and Psychologist. A license in any of these areas requires post graduate studies, a specified number of clinical hours, supervision requirements, and successful completion of a licensing exam. Once licensed, individuals are required to complete 36 clock hours of continuing education every two years, with at least six hours in ethics and the law. The Department of Health (DOH) reviews applications for licensure to ensure all applicants meet the minimum requirements to take the standardized exam, as well as for monitors who have passed the exam. Licenses must be renewed every year on the person's birthday.

The next level for BHS is a Masters Degree in a counseling-related field from an accredited school that included an internship or practicum in direct counseling, plus one year post-degree supervised counseling experience. This group may include individuals earning their required work and supervision hours before taking the licensing exam. An individual in this category must be registered as a counselor with DOH and renew registration annually.

The last category includes Masters - prepared people with less than one year post-graduate counseling experience, and individuals with Bachelors degrees in counseling-related fields and two years experience. At this level, registration as a counselor with DOH is required by law, and is renewable annually. Additionally, First Steps requires that these individuals have written clinical supervision plans and are supervised by a Masters prepared BHS with at least two years experience. The clinical supervisor for individuals working towards licensure must meet additional qualifications as defined in WAC 246-809-134 to 334.

All MSS BHS must have a disclosure statement, as required by RCW 18.19.060 and WAC 246-810-030. The disclosure statement must include certain information and be given to all clients, with signed copies for the client and file. Specific content and other information related to registered counselors and licensed professionals may be obtained by contacting Health Professionals Quality Assurance at the Customer Service Center hpqacsc@doh.wa.gov or by telephone at (360) 236-4700.

Current registration or licensure is required for reimbursement by Medicaid for MSS Behavioral Health Specialist services. To determine if an individual's credentials are current, visit the Department of Health website at www.doh.wa.gov and click on "Provider Credential Search" on the left hand side of the page, or telephone (360) 236-4700. Disciplinary actions and copies of legal documents issued after July 1998 are also available on this website.

If you have questions or comments about current requirements for the BHS position, please contact Becky Peters by email at rebecca.peters@doh.wa.gov or by telephone (360) 236-3532.



FIRST STEPS MATERNITY SUPPORT SERVICES (MSS) AND INFANT CASE MANAGEMENT (ICM) PERINATAL DEPRESSION SCREENING PROJECT

Submitted by Diane Bailey, Community Health Nurse Consultant, DOH

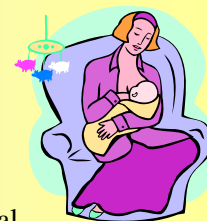
National research, clinical experience, and recent Washington State legislation have increased public and clinical awareness regarding the real and potential effects that perinatal depression has on the long-term health and well being of pregnant women, infants, and families. MSS/ICM agencies identify perinatal depression as a risk factor for many Medicaid pregnant women in Washington State.

In response to this identified need and as part of the First Steps training contract with the University of Washington School of Nursing, Dr. Kathryn Barnard and her team have worked with the state team and First Steps agencies to develop a depression screening training program.

The depression screening training is focused on identifying women enrolled in First Steps who are at risk for major depression, and using supportive methods to assist them in accessing treatment services in the community. In November 2006, the depression screening training was piloted in three First Steps agencies: Providence Sound Home Health providing First Steps services in Thurston, Lewis and Mason counties; Clark County Health Department; and Cowlitz County Health Department. These agencies were chosen by survey for depression screening training needs.

Depression Screening Training Modules:

1. "Introduction to Depression" presented by Heidi Koss-Nobel, Executive Director of Postpartum Support International of Washington, with a presentation and video clips of women describing their experience with depression in the pregnancy and postpartum period.
2. "Screening for Depression," presented by Dr. Rebecca Kang, using risk factors from the MSS forms and the Edinburgh Postnatal Depression Scale, interpretation of screening results, and referral, including recognition of need for an immediate mental health evaluation and services.
3. "Joining Up" training presented by Dr. Jean Kelly, on how to promote connection with the depressed client (those with no emergent need) and support her in decision making to access MH services. Experience in the field has found that clients may not access MH services when they are available and scheduled. Video demonstration is used throughout module to demonstrate the "Joining Up" process.



In 2007, the pilot training is targeted for adaption to an online training program for all First Steps providers.

For questions, comments or more information, contact either: diane.bailey@doh.wa.gov or rebecca.peters@doh.wa.gov

BIRTH CERTIFICATE DATA QUALITY

Submitted by Pat Starzyk, Center for Health Statistics, DOH



Birth certificate data are commonly used to assess the quality of health care provided to pregnant women. Currently, the prenatal care information has so much missing data that it hinders the ability to effectively estimate the entry into prenatal care and monitor trends. While the quality of the data is improving, there is still much work to be done.

How is the birth certificate data quality in your area? Does it need to improve? If so, how much improvement is needed? You can find out from the Birth Data Quality Query System (BDQQ), an on-line program developed by the Department of Health's Center for Health Statistics. This system, introduced in February 2005, generates hospital data profiles which can help both data providers and data users assess and improve birth certificate data quality.

The BDQQ was recently revised. The new system, which is now available, is not only easier to use, but has enhanced display capabilities. You can see how a particular hospital compares to the state as a whole or to hospitals with similar birth volume and how its data quality has changed over time.

You may access the system at: http://www3.doh.wa.gov/chs_bdqq/index.htm

If you have any questions about the BDQQ or about birth data in general, please contact Pat Starzyk at 360-236-4323 or pat.starzyk@doh.wa.gov.

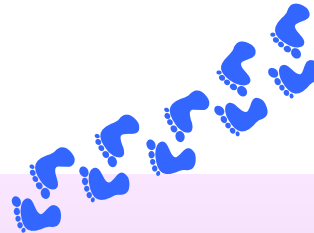


The ProviderOne project has established an email distribution list dedicated to provider readiness activities. The project will send messages when training materials are posted on our web site or to announce upcoming workshop or training events. Please pass this link on to anyone that may be interested in receiving updates on provider readiness activities.

You may join or leave this list anytime at: http://listserv.wa.gov/archives/providerone_provider_readiness.html. To learn more about ProviderOne check out their website at: <http://fortress.wa.gov/dshs/maa/MMIS/index.htm>.

List of DSHS Helpful Websites:

- WAMedWeb - <https://wamedweb.acs-inc.com/wa/general/home.do>
- Healthy Options/Managed Care: <http://maa.dshs.wa.gov/HealthyOptions/Index.html>
- Provider Publications - Billing Instructions, Fee Schedules, and Numbered Memos: <http://maa.dshs.wa.gov/Download/PublicationsFees.htm>
- Medical Assistance Eligibility: <http://maa.dshs.wa.gov/Eligibility/Index.html>
- Children's Health Insurance Program: <http://maa.dshs.wa.gov/CHIP/Index.html>
- Provider Directory for Healthy Options or Basic Health: <http://maa.dshs.wa.gov/ipndweb>
- HIPAA Implementation and Information: <http://maa.dshs.wa.gov/dshshipaa>
- Medical Transportation Services: <http://maa.dshs.wa.gov/Transportation/index.html>
- Medical Interpreter Services: <http://maa.dshs.wa.gov/InterpreterServices/>
- Provider Enrollment with Medicaid: <http://maa.dshs.wa.gov/ProvRel/>
- Customer Publications: <http://maa.dshs.wa.gov/CustomerPublications/>
- ProviderOne MMIS Information: <http://fortress.wa.gov/dshs/maa/MMIS/index.htm>
- Apply for National Provider Identifier (NPI): <https://nppes.cms.hhs.gov>



RESOURCES

The Parent Guide to the Public Mental Health System was recently revised. To obtain this newest version of the booklet, contact the Statewide Network for Family Empowerment of Washington (SAFE WA) at 1-866-300-1998 or 360-904-9311. SAFE WA is a statewide network of family organizations supporting parents, caregivers and youth around issues related to complex mental health, emotional and behavioral health needs. SAFE WA's family organizations work together to mentor, support, educate and advocate for stronger, healthier families. The Guide can also be accessed by calling 800-446-0259 x 3.



UPDATE FROM THE FIRST STEPS DATABASE (FSDB) Submitted by Laurie Cawthon, M.D., M.P.H.

Successful group service programs for pregnant and parenting women shared a number of features: visionary leaders, caring facilitators, incentives, trusted individuals, and collaborative partnerships.

The latest FSDB report describes key program characteristics of seven group programs serving pregnant and parenting women in Washington: Bienestar (Community Health Center La Clinica, Pasco); CenteringPregnancy® (Family Planning of Chelan and Douglas Counties, Wenatchee); Childbirth Education (Bates Technical College, Tacoma); Life Skills Classes (Step by Step Family Support Center, Milton); Safe Babies, Safe Moms of Snohomish County Targeted Intensive Case Management (Pacific Treatment Alternatives, Everett); Women's Education Seminars (Everett CSO, Everett); and Young Women's Group (Port Gamble S'Klallam Tribe Community Health Department, Kingston).

Providers stated that serving clients in a group setting allowed them to spend more time with their clients, present information once instead of repeatedly throughout the day, and reduce per patient costs (depending on the setting).

Clients benefited from group services by developing their own social support network and relationships with peers, realizing that other women have similar issues and concerns, receiving more information from facilitators and other group members, and reinforcing new skills by participating in group activities and role playing exercises.

Group services are becoming more widespread in medical care throughout the U.S. By recognizing basic factors critical to group facilitation, a wide range of providers have the opportunity to improve client services with this cost-effective strategy and to meet unique needs of their community members.

Group Services for Pregnant and Parenting Women: An Exploratory Study is available online at <http://www1.dshs.wa.gov/rda/research/9/84.shtm>. Hardcopies of the report will also be mailed to each First Steps Coordinator.

New 2005 data reports describing the most recent trends in prenatal service use and birth outcomes for women in Washington State are available at <http://fortress.wa.gov/dshs/maa/firststeps/Administration/Admin.Index.htm>.



NEGLECT LEGISLATION

Submitted by Colette McCully, M Ed., CPS Program Manager, Children's Administration, DSHS

Neglect legislation was first introduced by Representative Mary Lou Dickerson in the 2001 legislative session. Representative Dickerson believed that focusing on neglect should be a priority for Washington State, that neglect can be more harmful than physical or sexual abuse, and that some children were not being protected due to the standards for court intervention being too high. This bill did not pass in the 2001 or 2002 legislative sessions. Representative Dickerson introduced new neglect legislation in 2005. This legislation was passed in 2005 and named the Justice and Raiden Act in tribute to the two young Robinson children who died as a result of parental neglect.

The new neglect legislation takes effect on January 1, 2007. This bill is intended to improve protection for neglected children by giving the Children's Administration (CA) greater authority and resources to work with children and families when reports of child neglect have been made. To decrease the likelihood of future neglect, the court may reinforce a parent's early engagement in services when chronic negligence exists in a family.



Highlights of the new legislation include:

- Strengthening CA's ability to engage neglecting families in services.
- Permitting CA to intervene in cases of neglect where the health, welfare or safety of a child is at risk. Previous wording was health, welfare and safety. The change allows each of the three areas to be looked at independently in each case.
- Including in the new definition of negligent treatment or maltreatment a failure to act or the cumulative effects of a pattern of conduct, behavior or inaction.
- Allowing CA to file petitions with the court if a neglecting parent fails to participate in available services, including substance abuse or mental health.
- Allowing the court to support parent's early participation in services (including Substance Abuse and/or Mental Health treatment) to reduce the likelihood of future neglect; and
- Mandating that substance abuse be given great weight when it is a contributing factor in child neglect.

**Information obtained from the DSHS/Children's Administration intranet site, CA Program and Practice Improvement.*

LOOKING FOR WAYS TO FUND CLASSES IN YOUR AGENCY?

Have you looked at the Basic Food Nutrition Education Program (BFNEP) as an opportunity? *Submitted by Cynthia Huskey, RD CD, County Lead and Nutrition Consultant*

BFNEP is a nutrition education program for recipients of the Basic Food Program. It is sponsored by the Department of Health, Department of Social & Health Services, and the U.S. Department of Agriculture (USDA) Food & Nutrition Service. The Basic Food Program is Washington's food stamp program.



Funding for BFNEP comes from the U.S. Department of Agriculture. In Washington, the Department of Health contracts with local agencies to conduct nutrition education activities. Contracting agencies are reimbursed a percentage of their costs to operate the program.

BFNEP provides training and technical assistance to local agencies serving families that receive, or are eligible to receive, Basic Food Program benefits. The program improves the likelihood that people will choose healthy foods and active lifestyles.

Currently the Department of Health has contracts with 11 local health departments or districts, 11 Indian tribes, one non-profit agency, and one state agency with 18 local participating sites.

Contracting agencies must demonstrate that funded activities are targeted to participants or those eligible for the Basic Food Program, and that at least half of the targeted population has an annual income of \$17,705 or less for a household of one.

As a part of nutrition activities, BFNEP is intended to help Basic Food participants and those eligible:

- Make healthy food choices within a limited budget;
- Choose active lifestyles consistent with the Dietary Guidelines for Americans and MyPyramid.gov.
- Be aware of Basic Food benefits and how to apply; and
- Learn how to safely handle, prepare and store food.

BFNEP encourages collaboration and coordination with all federal nutrition programs such as WIC (Special Supplemental Nutrition Program for Women, Infants, and Children), USDA Food Distribution Programs, Child Nutrition Programs, and other groups working with low-income populations.

To help contractors be successful, the Department of Health offers:

- Ongoing support and technical assistance
- Regional training
- Networking opportunities



Web site: www.doh.wa.gov/cfh/bfnep

For more information on this topic please contact Gail Brandt at (360) 236-3739 or Gail.brandt@doh.wa.gov





NEW EARLY CHILDHOOD ORAL HEALTH (ECOH) PROGRAM MANAGER

Submitted by Dr. Joel Berg, Professor and Chair, Pediatric Dentistry, University of WA



The Department of Pediatric Dentistry has recently hired the first ECOH program manager for its Early Childhood Oral Health (ECOH) Program. Sara Paul began on December 11 as the first leader of ECOH. Sara has had an extensive career in leadership in healthcare, and most recently was the administrator of the Cancer Center at the Creighton University Medical Center in Omaha, Nebraska.

A new initiative, ECOH provides education, conducts research, and delivers oral healthcare services with the goal of dramatically mitigating the unmet need in the management of childhood dental caries in our local and regional communities and worldwide.

The program manager will be responsible for overseeing the development, implementation, and operation of the ECOH program. Under the direction of the Chair of Pediatric Dentistry, the position will provide project management for all areas of the program including a new offsite clinic facility. The position will also manage the program's communications/publicity initiative, program staff, grants and contracts. The program manager will be the point of contact for the program with a highly interdisciplinary team that includes local and state agencies, UW medical and dental programs, researchers, faculty, and staff, community agencies, funders, and the general public.

The position will serve as a member of the Access to Baby and Child Dentistry (ABCD) Steering Committee and Coordinators Committee, a member of the ECOH Steering Committee, and on various other state and regional oral health groups as needed.

The program manager will help us to build and maintain relationships with ECOH stakeholders at all levels. As the nationally renowned ABCD program has grown, it has required a greater focus on process to allow its access to care objectives to be met. This position will include all of the previously existing ABCD management responsibilities as they have existed at UW, and will incorporate those objectives into a broader set of objectives toward improved oral health via the ECOH program.

There is a significant amount of discovery going on at the UW related to the general theme of early childhood oral health. The ECOH program and its new manager will allow us to partner in new and improved ways with the intention of improving the oral health of children in our region via our own programs, and nationally, via our teaching and research models. Please contact us to let us know how we may better serve the needs of the First Steps program and its total health for young children mission. The University of Washington Pediatric Dentistry telephone number is 206-543-4885 or email joelberg@u.washington.edu.



HEALTHY OPTIONS BEHAVIORAL HEALTH BENEFIT

Submitted by Michael Paulson, Program Manager, Office of Managed Care, DSHS/HRSA

Regional Support Networks (RSN) must provide an intake to any Medicaid recipient presenting at the RSN or RSN provider. Recipients meeting the Access to Care Standards (ACS) receive medically necessary mental health services from the RSN, including treatment and medication management. For Healthy Options enrollees not meeting the ACS, the RSN will coordinate a referral to the plan, including the results of the RSN intake.

For Healthy Options (HO) enrollees who do not meet the Access to Care Standards (ACS) to receive treatment at the Regional Support Network (RSN), the behavioral health benefit includes: one diagnostic assessment per year (unlimited for EPSDT), unlimited Primary Care Physician medication management related to services provided by the HO plan, and twelve hours of treatment by a mental health professional

The ACS limits treatment at the RSN to more severe behavioral health conditions that are not appropriate for treatment within the limited HO benefit.

If an enrollee goes to a HO provider and requests the services of a mental health professional, the plan will provide an assessment to determine if the enrollee is likely to meet the ACS. If the assessment shows that the enrollee is unlikely to meet the ACS, the plan provides medically necessary mental health treatment. For enrollees who appear to meet the ACS, the plan will coordinate a referral to the RSN, including sharing the results of the assessment. For the indeterminate assessments, the plan will provide an assessment by a mental health professional to determine the diagnosis and functional limitations. For follow up questions, contact Michael Paulson at paulsmj@dshs.wa.gov.

DO YOU HAVE YOUR NPI?

Reprinted from "Community Information Update", a publication from DSHS/HRSA/Division of Medical Benefits & Care Management, Office of Managed Care



As the health care industry transitions to the National Provider Identifier (NPI) compliance, remember that there is no charge to get an NPI. Providers can apply online for their NPI, free of charge, by visiting <https://nppes.cms.hhs.gov> or by calling 1-800-465-3203 to request a paper application.

The Centers for Medicare and Medicaid Services (CMS) NPI page, located at www.cms.hhs.gov/NationalProvIdentStand/ is the only source for official CMS education and information on the NPI initiative; all products located on this site are free of charge. To learn more about DSHS and NPI implementation you can also check out the DSHS HIPAA website at: <http://fortress.wa.gov/dshs/maa/dshshipaa/NPI.htm>

DSHS NPI Implementation: - HRSA Numbered Memorandum 06-81 issued 10/05/06 provides detailed information on how DSHS will implement NPI. The Numbered Memorandum is available on our Provider Publications website at: <http://fortress.wa.gov/dshs/maa/download/Index.htm>

Paper Claims: - On November 1, 2006, HRSA will accept the new 1500 claim form (version 08/05) as well as the current CMS/HCFA-1500 claim form (version 12/90). Effective April 1, 2007, HRSA will *require* all providers to use only the new 1500 claim form (version 08/05) and will no longer accept the CMS/HCFA-1500 claim form (version 12/90).

On March 1, 2007, HRSA will accept the new UB-04 claim form as well as the old UB-92 claim form. Effective May 23, 2007, HRSA will require all providers to use only the new UB-04 claim form and will not accept the old UB-92 claim form.

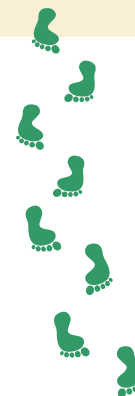
To view a draft of the new 1500 claim form (version 08/05) go to <http://www.nucc.org/content/view/12/35/>. To view a draft of the new UB-04 claim form go to <http://www.nubc.org>

Did you know? – 80% of provider issues can be handled by using the WAMedWeb and the Interactive Voice Response (IVR). Using the WAMedWeb and the IVR significantly reduces the time you spend on the telephone. For more information check out the HRSA Numbered Memo 06-22 at: <http://maa.dshs.wa.gov/download/Newrelease.html>.

Are you still on hold? Providers and Managed Care Organizations are encouraged to use HRSA's WAMedWeb internet website and Interactive Voice Response (IVR) phone system to check client eligibility, claim status, warrant amounts, etc. These services are available 24 hours a day, 7 days a week.

To access the IVR, call **800-562-3022** and press option 2. You will need to know your provider number to access information. To access WAMedWeb, go to the website at: <https://wamedweb.acs-inc.com/wa/general/home.do>. This free internet site allows providers and MCOs to check:

- Client eligibility;
- Warrant (payment) amounts;
- Claim status;
- Remittance and status report (Viewable RA); and
- 835-(Electronic RA)



PLEASE Give Us Your Opinion about First Steps News

The primary purpose of the First Steps News is to provide First Step agency staff with information about the functioning of First Steps at the state level as well as related resources or news that may affect First Steps providers.

Do you think that the First Steps News achieves this purpose? Tell us more....

The First Steps News contains topics in each issue. These include MSS, ICM, Charting and Documentation, First Steps Database, and Resources. Are there other topics that you would like to see us feature? If so, give us some specifics.

Do you find the First Steps News to be informative and interesting? Tell us more....



How do you learn that First Steps News has published the most recent issue?
Can you always find past issues as well as the latest one? What you think about its distribution electronically?

Do you like the way the First Steps News looks? Tell us more....

Are there other things you would like to see in the First Steps News? If so, what are they?



To provide feedback or suggestions for improvement,
Email us at firststepsmessages@doh.wa.gov

The following chart was developed by Linda Barnhart, Nurse Consultant, Children with Special Health Care Needs, Dept of Health

