

Project: **Help Me Grow Early Intervention Program**

Lead: Sandy Oxley – Ohio Department of Health

 Kim Hauck – Ohio Department of Developmental Disabilities

New: 5.11.17

Revised: 8.7.17

 8.30.17

PROJECT PURPOSE

Situation

The Ohio Department of Health (ODH) and The Ohio Department of Developmental Disabilities (DODD) have worked for years as partners in implementing Ohio’s early intervention system. In February, 2013 the two agencies entered into a formal collaboration agreement with defined roles for each agency for oversight and supervision of different parts of the program. While the more formalized management structure yielded good results, the bifurcated nature of the supervision may have caused confusion for some early intervention professionals. Therefore, in the interest of providing the best services to the citizens of the state of Ohio, ODH and DODD jointly pursued legislation to change Part C lead agency status to DODD and transfer the EI part of the Help Me Grow (HMG) program to DODD. The home visiting part of the HMG program remains at ODH. HB 483 made this formal change, which became effective in July 2016. The work leading to this change is documented here:

<http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=CIMV6pvRMK0%3d&tabid=119>

In January 2017, SB 332 charged ODH and DODD with operating a central intake and referral system for both Part C Early Intervention and home visiting programs.

Hot Spots

While different agencies lead Ohio’s home visiting and early intervention programs, both programs must operate seamlessly at the local level. Central intake, data systems, and fiscal decisions need to be coordinated and monitored by both lead agencies.

Scope of Work

The purpose of this Agreement is to document the responsibilities of the Ohio Department of Developmental Disabilities (DODD) and the Ohio Department of Health (ODH) in tasks related to Central Intake and Referral, the Early Track Data System (ETDS), Case Management and Claims System (CMACS)/Payor of Last Resort (POLR), Grants Management Information System (GMIS) support, and data sharing.

High-Value Targets

DODD and ODH have been working for several years on strengthening the home visiting and early intervention programs and considering ways to share services and resources. As part of that ongoing work, ODH has maintained primary responsibility for the Central Intake and Referral function that benefits both programs (outlined in ORC 3701.611), and ultimately children and families in Ohio.

The proposed changes are aimed at strengthening the Central Intake and Referral system on both a coordinated statewide level and for local outreach. This will ensure there is an awareness of (state) and actively conducting outreach (local) so that people know about these programs. Home visiting and early intervention are specifically aimed at infants and toddlers who are at greatest risk and these changes will ensure families, agencies, communities, only have to contact one centralized point of access for needed resources. This collaboration must also ensure that the Central Intake and Referral System meet the federal requirements of both programs.

PROJECT TEAM

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Operating Protocol

A. Applicability. This Operating Protocol is developed pursuant to O.R.C. Sections 191.01-191.06 and is applicable to following state agencies: Ohio Department of Developmental Disabilities and Ohio Department of Health.

B. Purpose. This Operating Protocol constitutes agreement by the Directors of the participating state agencies with the funding, personnel, workflow, and data sharing responsibilities specified herein.

C. Funding Responsibilities.

1. The funding sources identified for the time period specified in the table below are committed to the project.

Operating Protocol Funding Table for: Help Me Grow						
Time Period: July1, 2017- June 30, 2018						
Agency	Fund Source- Fund	Fund Source- ALI	Amount	CFDA No.	Will Funds Be Sub-Granted?	Description of How Funds Will Be Transacted
DODD	GRF	322421	-\$150,000	n/a	No	ISTV for CMACS
DODD	GRF	322421	-\$37,500	n/a	No	ISTV for GMIS (1 quarter to close out year)
ODH			\$150,000	n/a	No	ISTV for CMACS
ODH			\$37,500	n/a	No	ISTV for GMIS (1 quarter to close out year)
ODH	GRF	440459	\$2,663,380	n/a	Yes	Central Intake Vendor
ODH	GRF	440459	-\$1,000,000	n/a	Yes	ISTV for DODD Outreach
DODD	3250	322612	\$1,000,000	n/a	Yes	ISTV for DODD Outreach

B. Personnel. Personnel identified for the time period specified in the table below are committed to the (project).

*Ohio Health and Human Services Cabinet
PROJECT MANAGEMENT TEMPLATE*

Time Period: July 1, 2017 - June 30, 2018				
Agency	Staff Person Name	Position	FTE Value	Functions Performed
ODH	Patrick Londergan	ODH		Discuss and deterime decisions with CMACS and POLR claims
DODD	Traci Keesee	DODD		Discuss and deterime decisions with CMACS and POLR claims
ODH	Jennifer Davis, Sandy Oxley, Jye Brenkenridge	ODH Program		Discuss and determine program decisions in concert with DODD
DODD	Kim Hauck, Nathan DeDino	DODD Program		Discuss and determine program decisions in concert with ODH
ODH	Anthony Perry and other fiscal staff	ODH Fiscal		Discuss and provide fiscal support to DODD and ODH
DODD	Jessica Funnk and other fiscal staff	DODD Fiscal		Discuss and provide fiscal support to DODD and ODH
ODH	Nate Huskey and other IT staff	ODH IT		Discuss and provide IT support to DODD and ODH
DODD	Michelle Burk and other IT staff	DODD IT		Discuss and provide IT support to DODD and ODH
ODH	Lisa Eschbacker	ODH Legal		Discuss and provide legal support
DODD	Dionne DeNunizo	DODD Legal		Discuss and provide legal support

C. Workflow. Key workflow process transactions for the (project) are described below.

1. Central Intake and referral System per ORC 3701.611

ODH, through the Central Intake and Referral System, supports Child Find and referral activities for Home Visiting and Early Intervention.

ODH will continue to fund the Central Intake and Referral System activities consistent with OAC 3701-8-04 and provide state oversight to facilitate the processing of early intervention and home visiting program referrals. ODH will report the final state fiscal year (SFY) 2017 and 2018 expenditures limited to the Central Intake and Referral System operations for Early Intervention to DODD for federal maintenance of effort by January 1st of each year.

ODH will ensure technical assistance is provided to Central Intake and Referral System vendor(s). DODD and ODH will ensure that local agencies requiring technical assistance in Central Intake and Referral are referred promptly to the relevant technical assistance consultant at ODH. ODH and DODD will jointly develop an annual technical assistance training calendar for central Intake vendors.

ODH will facilitate the use of a “standardized form to assess for each family member’s risk factors and social determinants of health,” as prescribed by ORC 3701.611. DODD

will utilize “other mechanisms” as cited by the ORC to collect this information, and will utilize contracted service coordinators to gain the required information. DODD will provide the necessary screening/assessment data for Early Intervention program participants to ODH when requested.

2. HMG Name:

Central Intake and Referral will continue to operate as Help Me Grow. Both EI and HV may choose to use the name.

3. Early Track Data System

ODH will continue to maintain the ETDS Including hosting the data system on the ODH Gateway, database maintenance, server maintenance, and perform required system upgrades specific to the Early Intervention program in accordance with ODH's IT Governance plan.

Requests from DODD for enhancement work to ETDS or other data systems will be reviewed through ODH's IT Governance process. ODH and DODD will work with OIT to ensure that appropriate DODD personnel have access to the shared ETDS e-mail account (etds@odh.ohio.gov).

By 9.1.17, DODD will implement the Early Intervention Data System (EDIS) a standalone data system for early intervention services. At such time, ODH will provide DODD all code applicable to Early Intervention services within the ETDS application. ODH shall provide a SQL backup of the Production databases at the time of Go Live for the new DODD Early Intervention Data System (EIDS) Application. In addition, a web service shall be utilized to provide updates between the ODH data system and DODD data system.

At such time that ODH determines that it will no longer need ETDS for Central Intake and Referral and Home Visiting, the applications will be decommissioned, with limited access, per ODH's record and data retention policy. Until ETDS is decommissioned, DODD Super Users will have full access to historical Early Intervention Data, and current Central Intake data within ETDS.

Upon decommission of the ETDS a new web service shall be utilized to provide real time updates between the new ODH data system and DODD data system. DODD will lead the development of the web service to ensure requested information for Early Intervention Program referrals is transmitted.

4. CMACS/POLR:

CMACS is the data software used for tracking and billing funds through the POLR process. ODH will continue to grant appropriate DODD personnel access to the CMACS system to add and maintain records for children whose services are paid through the POLR process.

ODH will continue to process all claims for payment for children receiving funding through POLR, add POLR providers to the CMACS system, and provide regular data to DODD about children funded through POLR. DODD will make income determinations.

DODD agrees to pay ODH \$150,000 in SFY18 - to perform these services. ODH shall submit an ISTV request to DODD on a quarterly basis.

5. GMIS:

GMIS is the grants management system operated by the Department of Health and is used to track Service Coordination grants.

For service coordination grants with project periods beginning July 1, 2017, DODD will administer these grants using a DODD IT system. DODD will continue to use GMIS to administer the service coordination grants that began July 1, 2016. ODH shall follow its established records retention policy for maintaining electronic and paper documentation related to the grants administered in GMIS in order for grant data to be available for reporting and auditing purposes.

DODD agrees to pay ODH \$37,500 in SFY18 - to perform these services. ODH shall submit an ISTV request to DODD by October 30, 2017.

D. Data Sharing.

1. Data sources and elements to be shared for the (project) for the time period specified are shown in the table below.

Operating Protocols Data Sharing Table for: Help Me Grow				
Time Period: July 1, 2017- June 30, 2018				
Agency	Data Source	Description of Data Elements	Is Data Protected Health Information?	Description of Data Sharing Procedures
ODH	OCHIDS, ETDS, GMIS, CMACS			ODH will ensure that DODD can access and generate neces
DODD	ETDS			DODD allow ODH's Infant Hearing Program staff access to t
DODD	ETDS			DODD agrees to allow the Infant Hearing Program to run a
ODH	HiTrack			ODH's Infant Hearing Program will provide DODD a report c
DODD	ETDS			DODD agrees to allow ODH data staff access to Early Inter

ODH and DODD agree that they will not use any information, systems, or records made available to it for any purpose other than to fulfill the obligations specified herein. ODH agrees that none of the data provided shall be utilized and/or released or re-released under any circumstances other than fulfilling the obligations of the Early Intervention program. ODH and DODD specifically agree to comply with state and federal confidentiality and information disclosure laws, rules, and regulations applicable to programs under which this Operating Protocol exists.

ODH and DODD will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected personal data and health information that it creates, receives, maintains, or transmits against use or disclosure not provided for by this Operating Protocol.

ODH and DODD agree that access to the data provided by ODH will be restricted to only those authorized employees, officials, subcontractors, and other persons who need it to perform duties related to this Operating Protocol.

ODH and DODD agree that the above data and any records, reports, databases, and/or other derivative documents created from the information provided under this Operating Protocol will be stored in an area that is physically safe from access by unauthorized persons during duty and non-duty hours. Information provided under this Operating Protocol will be protected electronically to prevent unauthorized access by computer, remote access, or any other means. No records will be accessed, tested, maintained, backed up, or stored outside the United States.

ODH and DODD will ensure that all persons who have access to the above information shall be fully apprised as to the confidential nature of the information, the safeguards required to protect the information, and the applicable civil and criminal sanctions and penalties associated with any intentional or non-intentional disclosure. No subcontractor shall receive any information without a written agreement incorporating these assurances.

2. If a participating agency reasonably determines that its protected health information shared with another agency has been maintained, used or disclosed in violation of state or federal law, the agency may cease sharing access to the information until the matter is satisfactorily resolved among the agencies and the Governor's Office of Health Transformation.