

ARIZONA DEPARTMENT  
OF HEALTH SERVICES

PREVENTION SERVICES

**High Risk Perinatal Program (HRPP)**

**Hospital and Physician  
Services**

**Policy and Procedure  
Manual**

Bureau of Women's and Children's Health  
Office of Children's Health

**2021**

Updated October 2020

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# CHAPTER 1: INTRODUCTION

## 1.1 Program Purpose

The purpose of this manual is to document the High Risk Perinatal Program (HRPP) policies for management of the Hospital and Physician Services Program. The manual is to be used as a reference and information resource for hospital contractors, the Arizona Department of Health Services (ADHS) administration and other interested parties in fulfilling the mission of the Program.

The policies contained herein are the minimum acceptable requirements to contract with the ADHS to provide hospital services to Arizona's maternal and infant population. Reviews of the content are conducted annually, and the manual revised as necessary. Suggestions for changes to the manual to clarify a policy or to update a procedure may be sent in writing or emailed to the Program Director at the address at the end of this chapter. The suggestions will be considered during the review process. As revisions occur or new policies and procedures are developed, they will be added to the manual. Old policies and procedures no longer in effect should be deleted from this manual.

Revisions to the manual will be distributed to all contractors at least thirty days prior to the effective date of any change, when appropriate. Contractors are required to adhere to the requirements and guidelines set forth in this manual and are responsible for incorporating any policy changes into their operations. The date on the cover page will reflect the latest version.

## 1.2 History

Prior to 1967, Arizona had one of the highest infant mortality rates in the country. That same year, in an effort to reduce the infant mortality rates, Arizona applied for and received a federal demonstration grant. The grant was designed to reduce infant death by transporting critically ill newborns from rural hospitals into intensive care centers. The result was a dramatic decrease in neonatal mortality. In 1972, the State Legislature provided state funding for the program, which eventually became the Newborn Intensive Care Program (NICP). The system provided care to those infants transported to Level III metropolitan hospitals. The system then expanded to include infants born in Level II, Level IIEQ or Level III Hospitals.

In 1975, Arizona received a Robert Wood Johnson Foundation Grant to develop regionalized perinatal care with a focus on the maternal transport system. Under this program, Arizona began to develop the guidelines for Level I, II and III perinatal hospital services, a perinatal data system and the system for maternal transport. In 1977, it was demonstrated that infants did well if transported to hospitals closer to their homes following the acute phase of their illness. Therefore, back transport was added as a component of NICP. As additional services, such as the financial and home visiting components were added, the name of the Program was changed to High Risk Perinatal Program (HRPP).

The HRPP is a partner in the comprehensive statewide system of services dedicated to reducing maternal & neonatal morbidity and mortality. The Program provides a safety net for Arizona families to ensure the most appropriate level of care surrounding birth as well as early identification and support for the newborn's developmental needs. The Program consists of three main service components which are established through contracts with the ADHS; Maternal and Neonatal Transport Services, Hospital and Inpatient Physician Services, and Community Health Nursing Services.

The Hospital Services Program is carried out through contracts with:

- All Level II and higher perinatal centers (see glossary) that are certified by the Arizona Perinatal Trust (APT) to provide the appropriate level of hospital care to Program babies and their families.
- Neonatology groups to provide appropriate medical care to program infants during the newborn intensive, intermediate or continuing care hospitalization.
- All Level II and higher perinatal centers to support the implementation of developmental care practices in their special care or neonatal intensive care units.

### 1.3 Goal

Reduce maternal and infant morbidity and mortality by supporting a statewide regionalized system of care that includes:

- Medical consultation and transport for high risk mothers and infants to the most appropriate level of medical care.
- Working with perinatal partners to reduce the impact of catastrophic medical costs on families with high risk infants through reduced fees and financial support.
- Providing medical treatment, education and developmentally appropriate care for high risk infants
- Monitoring the health and development of high risk infants through family support, education, and in-home follow up.

### 1.4 Philosophy

The recipients of the HRPP services are families who live within broader systems that include extended family, friends, and communities. All services provided by this program are reflective of this philosophy and encompasses these values:

- Partnership with families, members of the medical community, funding sources and policy makers.
- Risk appropriate care for ALL regardless of geographic location and ability to pay.
- Family centered and developmentally appropriate care
- Mitigation of catastrophic costs associated with newborn intensive care.

### 1.5 Service Description

HRPP is a partner in the comprehensive statewide system of regionalized services dedicated to reducing maternal and neonatal morbidity and mortality. HRPP provides a safety net for Arizona families to ensure the most appropriate level of care surrounding birth as well as early identification and support for the newborn's developmental needs.

#### 1.5.1 Program Eligibility

To qualify for participation in HRPP, families must reside in Arizona at the time of their infant's birth and have babies that;

- Are sick at birth and need an intensive or special care nursery for more than 120 hours (5 days)
- Are discharged home from a well-baby nursery and are readmitted to an intensive or special care nursery within 96 hours of birth
- Are selected by special request of a Program contracted neonatologist
- Were born out of state and spent time in a newborn intensive or special care nursery and require follow-up services after moving to AZ (these babies are ONLY eligible for follow-up services as partial)

- In response to the opioid crisis, all newborns with a diagnosis of Neonatal Abstinence Syndrome (NAS) are automatically eligible for HRPP. (5 days in the NICU are not required)

### 1.5.2 Service Components

The Program consists of three main service components which are established through contracts with the ADHS; Maternal and Neonatal Transport Services, Hospital and Inpatient Physician Services, and Community Health Nursing Services.

#### 1. Maternal and Neonatal Transport Services

A 1-800 line connects local doctors treating high risk pregnant women and neonates to consultation with a Maternal Fetal Medicine (MFM) specialist or Neonatologist twenty-four hours a day, seven days a week. If maternal and/or neonatal transport is needed to a higher level of care, the MFM or Neonatologist also provides medical direction for the transport. Contracted medical transport companies provide air and ground transport, as well as team services, for high risk pregnant women and critically ill neonates. Families benefit from the transport program by having a coordinated system in place to ensure appropriate transport and admission to high risk perinatal centers. Emergency transports are initiated without prior authorization or verification of payment source to prevent delays in service delivery. Families facing catastrophic medical costs may be eligible for assistance with transport costs.

#### 2. Hospital and Inpatient Physician Services

HRPP contracts with Level II and higher perinatal centers (see glossary) that are certified by the Arizona Perinatal Trust through APRS, Inc. to provide comprehensive, developmentally and risk appropriate medical care to high risk newborns. In addition, contracted neonatology practices provide care to newborns during hospitalization in the NICU or a Continuing Care Nursery. Families facing catastrophic medical costs may be eligible for assistance with hospital costs.

#### 3. Community Health Nursing Services

The Community Health Nursing Services component of the HRPP delivers a statewide, coordinated system of specialized nursing services to many infants after hospital discharge. The Community Health Nurse (CHN) provides support to families during the transition of the infant from hospital to home; conducts developmental, physical and environmental assessments and makes referrals to specific community services as needed. This program is linked with other ADHS programs serving newborns including the Newborn Screening Program. CHNs can also provide services and referrals for children with special health care needs and follow up blood draws for infants who have not received a second Newborn screen.

## CHAPTER 2: ADHS PROGRAM MANAGEMENT

ADHS is designated as the state agency responsible and accountable for program goals and expenditures. The HRPP is administered by the ADHS and the Bureau of Women’s and Children’s Health (BWCH). The HRPP performs a variety of roles in the oversight of the Program including partner, monitor, facilitator, technical advisor, educator, and payor.

The HRPP collaborates with other partners in the regional perinatal system including the Arizona Perinatal Trust (APT) and the Arizona Cost Containment System (AHCCCS) to establish standards of care. The Program also relies on the Developmental Care Council and ADHS hospital licensing standards to develop programmatic standards.

### 2.1 ADHS Responsibilities:

ADHS contracts with local providers to carry out certain program components:

- Establishing program parameters
- Soliciting, establishing and contracting service providers
- Monitoring contract compliance and quality standards
- Working with partners in the regional system to ensure care for high risk pregnant women and infants
- Financial management of public funds including budget development, contract development, fiscal monitoring and compensation for services rendered
- Collecting perinatal data from programmatic sources and working with perinatal partners to monitor the regional system

### 2.2 Service Compensation

In addition to the trauma that families experience when there is a medical emergency during the perinatal period, families can be faced with unexpected and devastating medical bills. To lessen the burden of medical costs for transport, hospital, and inpatient physician services, a portion of the HRPP program budget is designated to help pay these services. Contracted Providers have agreed to limit the costs to HRPP families based on a sliding scale, this is known as the Family Financial Liability.

#### 2.2.1 Hospital Compensation

Monthly, HRPP generates enrollment and compensation reports based on enrollments and discharge summaries that were entered in Efforts to Outcomes (ETO) within the designated time frame. These reports are sent to the hospital along with an invoice stating the amount of compensation for that month.

#### 2.2.2 Physician Services

Physicians may be reimbursed for services rendered to infants enrolled in the HRPP while they are in the NICU or Special Care Unit by submitting the CMS (HCFA) –1500 form for services provided from birth to discharge. The CMS (HCFA)-1500 should include the HRPP case number, third party payments not including the write offs (Box 29), and the family obligations only (Box 30) and must include a third party payers “Explanation of Benefits” (EOB) statement.

## 2.3 Data Collection Support

ADHS procured Social Solutions for the Efforts to Outcomes (ETO) Software. ETO is a custom-fit performance management software, which is designed to help staff better understand program operations, monitor outcomes, and ultimately help programs to continue to produce and track positive outcomes. Performance management involves regular, ongoing performance measurement, reporting, analysis, and program modification. HRPP has developed the HRPP AZ ETO Data Entry Hospital User Training Guide to accompany the End User Training providing HRPP programs with an overall understanding of the data entry process within ETO. Hospitals, Transport Companies and Community Health Nurses are required to enter data in ETO. Physician Groups are not required to enter data. In addition to the manual and training, Help Desk services are available. This Help Desk is designed to answer questions about entering data into ETO. All inquiries will be responded to within 24 hours from receipt. The AZ ETO Help Desk may be reached at: (480) 665-8669 or by email at: [azetohelpdesk@wellingtongroupconsulting.com](mailto:azetohelpdesk@wellingtongroupconsulting.com). There is also a live chat option while you are working in ETO.

## 2.4 Contract Monitoring

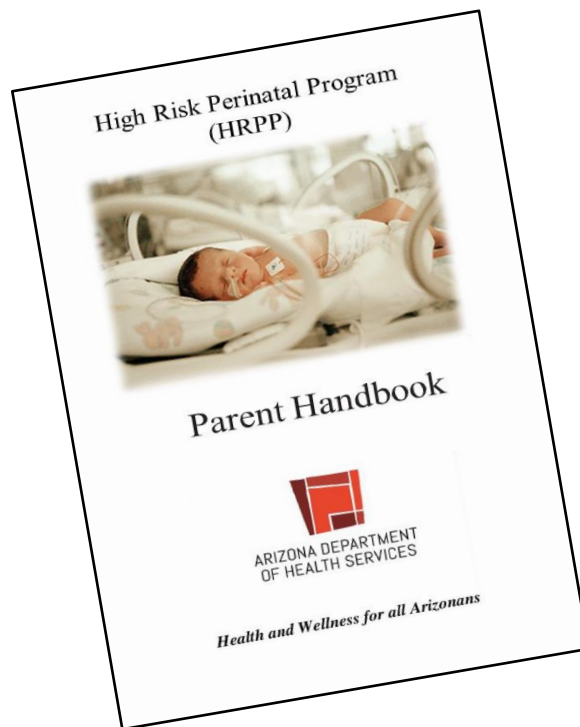
The purpose of contract monitoring is to establish a mechanism for the evaluation of contracts executed by ADHS to ensure services were delivered pursuant to the terms and conditions of the contract, statues, rules, and other policies applicable or made a part of the contract. During the monitoring process, ADHS shall provide training and technical assistance to the contracted provider, engage in dialog to identify public health concerns, and provide general overview of the ADHS services. The bi-annual monitoring process provides a structured framework for reviewing and assessing the contractor's progress, program strengths and compliance with standards. The process includes the following:

- Determine the appropriate contract monitoring method and document the plan. Prepare and provide the contractor with a comprehensive Contract Monitoring Guide
- Schedule the on-site review (as appropriate) with the Contractor a minimum of (5) days in advance of the review
- Provide the contractor with a draft agenda, a list of the review team members, a copy of the site review monitoring tool, and a list of patient charts which should be available for review
- Conduct interviews with administrators, staff, clients, family members and others as appropriate. Review charts
- Provide feedback on performance to the Contractor during the on-site review exit conference
- Provide the opportunity for the Contractor to discuss program strengths and identify issues and concerns
- Provide the Contractor with a "Draft" of the complete Site Review Monitoring tool and a Site Review Summary which covers: Areas of Excellence, Recommendations for Improvement, and Required Corrections
- Prepare a final monitoring report within thirty (30) days of receipt of the Contractor's comments. A copy of the report shall be provided to Contractor and a copy will be maintained in the Contractor's program files
-

## 2.5 State Provided Items

The following forms, brochures, data collection software, and educational material can be found on the ADHS HRPP website at [www.azdhs.gov/HRPP](http://www.azdhs.gov/HRPP) and/or may be ordered by filling out the order form found in the appendix.

- ADHS HRPP website ([azdhs.gov/HRPP](http://azdhs.gov/HRPP))
- Annual Plan form for Developmental Care
- Bi-Monthly Report form for Liaisons and Developmental Care Specialists
- Data Collection Website (ETO)
- Discharge form
- Enrollment forms (2 pages)
- Hospital Training Video (16 minutes)
- HRPP AZ ETO Data Entry Hospital User Training Guide
- Lists of ADHS contracted transport services and perinatologists/neonatologists
- Parent Handbooks
- Parent Video (4 minutes)
- Program Acknowledgement/Decline form
- Program Enrollment forms available in English Spanish:
- Trifold and business card





**HIGH RISK PERINATAL PROGRAM (HRPP)**

Your baby has been enrolled in HRPP  Full Participation  
Hospital Liaison:  Partial Participation

Once discharged, expect a call from your Community Health Nurse  
Questions? 602-364-0058  
Donna.Gonzales@azdhs.gov

Your baby's HRPP CASE # \_\_\_\_\_

 Parent Video  
[www.azdhs.gov/HRPP](http://www.azdhs.gov/HRPP)



## CHAPTER 3: PROGRAM REQUIREMENTS

Uniform program standards ensure that all programs within HRPP provide a level of service that is consistent with the program's commitment to quality and consistency. Additional requirements specific to the various program components are listed in Chapters 4 through 6.

### 3.1 Licensing/Certification

Maintain a current license from ADHS and a current certification as a designated level by the Arizona Perinatal Trust.

### 3.2 Contract Maintenance

Maintain an active account in the Arizona Procurement Portal (APP). In order to initiate doing business with the state, hospitals and physicians (suppliers) are required to register an account on APP. There must be a person assigned, maintained and updated as an APP 'Supplier Administrator'. This administrator is responsible for ensuring the remit to address and contact information is current. The administrator will acknowledge amendments annually. The administrator is also responsible for ensuring an updated Certificate of Insurance (COI) is submitted at the same time the amendment is acknowledged. Additional resources are also available on the SPO Website: <https://spo.az.gov/>.

### 3.3 Personnel

The contracted hospital must designate a HRPP Liaison to be the primary contact person for the HRPP program. The Liaison is responsible for ongoing communication, updating or collecting missing information, and coordinating contract monitoring visits as well as being the official contact for all other contract issues. That name must be submitted to the Program by July 1, annually and as changes occur.

### 3.4 Enrollment and Data Collection

Hospitals are required to assign and support and ensure training for a specific person(s) to enter all enrollment and discharge data into ETO within the required time frames set for each form.

### 3.5 Continuous Quality Improvement

Programs within the HRPP are required to develop and implement a continuous quality improvement (CQI) plan that includes specific perinatal indicators, one of which may be determined by the ADHS. The CQI plan must be available during site reviews.

### 3.6 Administrative Records

The contractor must maintain records of employed personnel, including background, education, registration, license or certification in their respective fields, details of the HRPP Orientation, and any ongoing training received. The contractor shall retain and shall contractually require each subcontractor to retain all data and other records relating to the acquisition and performance of the contract for a period of five years after the completion of the contract.

### 3.7 Patient Records

Patient records must be retained according to existing legal requirements, which at the current time, is three years. The contractor is expected to store and maintain all client records in a safe, secure location. HRPP and

the ADHS Office of Auditing shall have access to client records in order to conduct necessary evaluations or programmatic review.

### 3.8 Customer Services Process

Each contractor must have a written policy in place that outlines the customer service process including the steps that the customer should follow to address concerns and complaints. The written policy must include the following:

- Inform the client of the right to file a concern or complaint and provide guidance in the process
- Include a timeline for which client concerns and complaints will be addressed
- Track client concerns and complaints to identify trends
- Incorporate findings and feedback in a plan to identify and correct future problems
- If the complaint cannot be rectified in-house, include in writing to the family, the address and phone number of the HRPP Program Director as the final step in the customer service process
- Statement of cooperation in the resolution of client HRPP concerns and complaints

### 3.9 Participation in Contract Monitoring

Each contractor shall:

- Cooperate with HRPP in the monitoring process by making information and records available and by allowing interviews and inspections of the facilities
- Notify HRPP regarding any desired training or technical assistance that will be required during the on-site review
- Request the attendance as well as a list of the staff directly responsible for the contract
- Make space available for the meeting and review of patient records
- Identify strengths, concerns, and education/technical assistance needs during the site review
- If required, submit a written plan of corrective action, within fourteen days of receipt
- Provide access to the following as requested by ADHS representatives for the purpose of observing and monitoring service delivery and contract compliance:
  - Newborn Intensive Care Nursery/Special Care Nursery/ or Continuing Care Nursery
  - Hospital staff who have HRPP responsibilities
  - Electronic Health Records

### 3.10 Compensation

HRPP compensates hospitals for enrolling families in the Program. For all enrollments completed on time with all required information, hospitals will be compensated \$100 for all Partial enrollments and \$250 for all Full enrollments. These funds may be applied to patient accounts to off-set costs written off due to a family's HRPP financial liability cap. Understand that payments are contingent upon availability of funds. The HRPP will notify contractors when allocated funds are exhausted. Bills that are the HRPP liability but cannot be paid because funds are exhausted shall be processed as "NO FUNDS" and shall not be billed to the family. The chart below lists the rate at which Hospitals are compensated:

Type of Unit	Rate per Unit	Unit of Measure
Client enrollment for Partial participation; AHCCCS, HIS, no insurance, cost sharing	\$100	Newborn
Client enrollment for Full participation; 3 <sup>rd</sup> party traditional insurance	\$250	newborn

### 3.11 Contract Compliance

- Adhere to policies and procedures in accordance with the HRPP Hospital and Physician Services Policy and Procedure Manual
- Provide an on-site Neonatologist to serve as the medical director for Level IIE or Level III nurseries
- Provide staff orientation, training, and support as it relates to HRPP, developmentally supportive care and discharge planning, including the process for providing information to Community Health Nursing
- Complete and disseminate all HRPP forms for each enrolled infant within specified timelines
- Use HRPP contracted ground and air transport service and transport teams authorized by a program-contracted Maternal Fetal Medicine specialist/Neonatologist (list of ADHS contracted transport services and Maternal Fetal Medicine specialist/Neonatologists to be provided by ADHS)
- Assess Developmental Coordinator/Specialist Full Time Equivalent (FTE) needs based on the requirements listed in the HRPP Hospital and Physician Services Policy and Procedure Manual, and plan for FTE needs accordingly in advance of each State Fiscal Year (July 1 - June 30)
- Provide comprehensive, family-centered discharge planning for each enrolled infant in accordance with the HRPP Discharge Planning Guidelines
- Prepare and submit a Bi-monthly HRPP Liaison Report and a Bi-monthly Developmental Report (if applicable) using the provided reporting form
- Annually an amendment must be ‘acknowledged’ to extend for another year in a 5 year term
- A new a **Certificate of Insurance (COI)** is required from all ADHS contractors annually. Please provide a current and valid COI that exactly matches the language provided in the Special Terms and Conditions and throughout the Term of the Contract. The valid Certificate of Insurance (COI) MUST include General Liability, Workers’ Compensation, Waiver of Subrogation and Additional Insured’s. A Master Blanket Purchase Order Release will not be issued without a valid COI on file at ADHS and the Contractor shall not provide services without a Purchase Order
- Hospitals must assign someone as a “Supplier Administrator” to sign contracts and acknowledge amendments

### 3.12 Deliverables

The Contractor shall submit to ADHS:

- Hospital Contact Sheet of HRPP involved staff annually and/or within 15 days of all staffing changes
- Provide a copy of the customer service policy
- Enrollment information via web based HRPP ETO within 30 days of birth or 7 days of discharge, demise or transport which ever come first
- If revised financial forms are necessary, they must be entered in ETO within 7 days of birth
- Enter all Discharge Summary data in ETO within 7 days of discharge date
- A record of NIDCAP® reliability and re-certification dates, and training pertaining to Developmental Care for NICU staff by July 15 annually and whenever staffing changes occur
- A bi-Monthly Report for Developmental Care, due by the 21<sup>st</sup> of the following month

## CHAPTER 4: HOSPITAL

The HRPP Hospital program includes four specific services which are carried out by both HRPP staff and contracted hospitals. The program components include:

1. Enrollment - a voluntary safety net exclusive to Arizona families, to ensure the most appropriate level of care surrounding birth as well as early identification and support for the child's developmental needs for all newborns meeting enrollment criteria.
2. Developmental Care - an approach to providing individualized care to infants based on an individual assessment of the infant's developmental/behavioral status and capabilities. This care is based on the Synactive Theory of Development.
3. Assistance with Medical Costs - if eligibility parameters are met, families may be eligible for assistance with physician, hospital and transport costs for their newborn for inpatient services from date of birth to date of discharge.
4. Physician Services - consultation, diagnostic services and medical treatment by a physician licensed in the State of Arizona, and Board Certified or Board Eligible in Neonatal Medicine from birth to discharge from the NICU or Special Care Nursery.

### 4.1 Personnel

Contracted hospitals will maintain job descriptions for staff directly responsible for the contract. Each contracted hospital shall have the following assigned positions:

- HRPP liaison. This position is the primary contact for all communication and contract issues
- A hospital employee responsible for signing all HRPP contracts and amendments, which is called a Supplier Administrator in APP (see 3.2 for details)
- A Developmental Care Coordinator or Specialist (not required for Level II)
- Staff responsible for completing HRPP forms and entering data in ETO, if different from Liaison
- A hospital employee in billing and/or a patient financial representative that is HRPP knowledgeable

### 4.2 Duties

The contractor will provide sufficient orientation, training, staffing and supervision that high quality, family centered, developmentally appropriate services are offered to all families and infants enrolled in the HRPP. Service areas include medical, surgical, nursing, social, respiratory, and other treatments or consultations. Orientation will include information about the HRPP and the employee's role and responsibilities in HRPP activities.

- 4.2.1 The names and contact information for all personnel supporting HRPP, including but not limited to the HRPP Liaison, the WIS Director, the NICU educator, the Developmental Specialist, and the billing specialist are provided to HRPP annually and as changes occur.
- 4.2.2 The HRPP Liaison must attend, lead and prepare materials for meetings as requested as well as coordinate overall program compliance and activities.
- 4.2.3 The HRPP liaison or his/her designee is responsible to ensure all enrollment forms are completed and entered in ETO within the designated timeframes established. It is strongly

advised that the hospital representative complete the forms with the family. If the family desires to take the forms home, remind them the forms must be returned within 30 days from birth. While filling out the signature page, if the parents desire more time to fill out the financial worksheet, sign them up as PARTIAL have the parents sign the center page signature line, inform them they will be enrolled as PARTIAL until a revised form is returned completed and with a signature. Once A revised form is returned, enter new data in ETO, change the level of participation and upload the revised form within 7 days. If, after 60 days from date of birth, the family has not returned the financial form, they will remain as partial with no financial assistance available. Families with AHCCCS, self-pay, medishare or no insurance are not eligible for FULL participation.

### 4.3 Forms

Forms used by the Hospital to collect data and information have an important purpose in program development and evaluation. Information gathered by ADHS and Contractors supports process and outcome evaluation measurements that demonstrate the quality and effectiveness of the Program. Evaluation measurements document the need for continued funding from the Arizona Joint Legislative Budget Committee for HRPP services.

All data collected from HRPP parents and contracted vendors will be used exclusively for enrollment verification, medical claims coordination, and coordinating future care and services for the participant and or family. ADHS will de-identify all data used for statistical analysis.

- 4.3.1 Contractors will establish and carry out procedures to review the completeness, accuracy, and integrity of the information entered into ETO.
- 4.3.2 ADHS considers HRPP enrollment forms, copies of same, related documents, developmental assessment records, and submitted reports as part of the HRPP records. Records may be maintained separately from or within the medical record. Information contained in the clients' records is confidential. Hospitals will provide families a copy of all HRPP forms pertaining to their infant.
- 4.3.3 Required data will be collected and entered into ETO by the participating hospital, within the required time frame (see form tables in Appendix A). Referrals must also be completed within seven days regardless of referring to a CHN or another hospital.
- 4.3.4 ACKNOWLEDGEMENT OF PROGRAM – a revision of the DECLINE form. Families eligible but who elect not to participate, should sign the Acknowledgment of Program form. This form will NOT be submitted to HRPP or entered in ETO, but kept by the hospital in a secure location. (see Appendix A). Use this form for two purposes:
  - Signed acknowledgement by the family that written information about HRPP enrollment has been offered
  - Signed acknowledgement that the family has declined HRPP services (this form is to be filed at the hospital and NOT entered in ETO)

4.3.5 ENROLLMENT FORM - **Demographics:** All boxes with an asterisk are required to be entered in ETO. Follow these guidelines when completing the forms.

INFANT DEMOGRAPHICS	
<b>First Name*</b> (for multiples, include all names i.e. Eva BGA/Jose BBB)	
<b>Middle Initial</b>	
<b>Last Name*</b>	
<b>Alias Last Name</b> (same as hospital label)	
<b>Multiple Birth Identifier</b> (Twins – A & B)(Boy =B, Girls=G) BBA, BGB	
<b>DOB*</b> / /	<b>Gender*</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Ambiguous
<b>Address and Zip Code*</b>	
<b>Birth Hospital *</b>	
<b>Medical Record Number</b>	
<b>Race*</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown	
<b>Ethnicity*</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
<b>Primary Language Spoken in Home</b>	
<b>Tribal Affiliation – If applicable</b>	
<b>Reservation – If applicable</b>	
<b>Notes/Directions to Home - If applicable</b>	

INFANT DEMOGRAPHICS

First Name\* - use the name given. If multiples, include all names identifying each with an A B C, etc.

Middle Initial - not required but include when possible

Last Name\* - this is the name the baby is going to be called once home

Alias Last Name - this is the name on the baby’s hospital ID, it may or may not be the same as the other

Multiple Birth Identifier - for twins use A & B, add C for triplets, for a boy use BB, for a girl use BG, i.e. BBA (baby first twin), BGB (baby girl second twin)

DOB\* - use mm/dd/yyyy – double check for accuracy

Gender\* - choose ONE of the three; M=male, F=female, or Ambiguous

Address and Zip Code\* - a physical address must be used, do NOT use a PO box, (see exception in notes)

Birth Hospital\* - the birth hospital may or may not be the currently hospital

Medical Record Number – generated by the hospital’s electronic health records system

Race\* - choose all that apply

Ethnicity\* - choose only one

Caregiver Primary Language Spoken in Home – write in preferred language, i.e. Spanish

Tribal Affiliation – include if applicable

Reservation – include if applicable

Notes/Directions to Home - the family’s address should always be the physical address. If in the event the patient resides on a reservation and the address does not denote a physical location (i.e. P.O. Box), the hospital will include directions to the family’s home.

PARENT/GUARDIAN PROFILE – MOTHER

PARENT/GUARDIAN PROFILE - MOTHER	
Is Mother the Primary Caregiver?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother's First Name*	
Last Name*	
Alias Last Name/Maiden Name (same as on hospital label)	
DOB* / /	Contact Preference* <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email
Primary Phone*	Secondary Phone
Email Address	
Race* <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown	
Ethnicity* <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
Marital Status* <input type="checkbox"/> Unknown <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Highest Grade Completed* <input type="checkbox"/> Unknown <input type="checkbox"/> <= 8 <sup>th</sup> <input type="checkbox"/> 9-11 <sup>th</sup> <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> 2yr College <input type="checkbox"/> 4yr College <input type="checkbox"/> 6yr + College	

Mother's First Name\* - Mother's given name

Last Name\* - the name used by Mother – may or may not be same as hospital label

Alias Last Name/Maiden Name – MUST match the name on the hospital label

DOB\* - date of birth

Contact Preference\* - the best way to get ahold of Mother

Primary Phone\* - double check number to ensure accuracy

Secondary Phone – record second contact number if possible

Email Address – must record if this was the contact preference

Race\* - choose all that apply

Ethnicity\* - choose only one

Marital Status\* - choose only one (current status)

Highest Grade Completed\* - choose only one

PARENT/GUARDIAN PROFILE - OTHER	
Is this Person the Child's Primary Caregiver?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual's Relationship to Child*	
<input type="checkbox"/> Father – DOB _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> DCS <input type="checkbox"/> Non-Relative _____ <input type="checkbox"/> Foster Parent	
First Name* _____	<input type="checkbox"/> Call
Last Name* _____	<input type="checkbox"/> Text
Primary Phone* _____	<input type="checkbox"/> Email
Email _____	
Address _____	
Individual's Relationship to Child*	
<input type="checkbox"/> Father – DOB _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> DCS <input type="checkbox"/> Non-Relative _____ <input type="checkbox"/> Foster Parent	
First Name* _____	<input type="checkbox"/> Call
Last Name* _____	<input type="checkbox"/> Text
Primary Phone* _____	<input type="checkbox"/> Email
Email _____	
Address _____	

Individual's Relationship to Child\* - this section is to be used for Father's information or when Mother and Father will not be the primary caregiver

Individual's Relationship to Child\* - add a second contact for the family here

Any changes in a family's address, telephone number, or infant or family name after completion of enrollment will be edited in ETO.

In the case of multiple births, include the names of both or all infants in the first name box. Multiple birth siblings who do not meet program eligibility are eligible for partial participation for follow up nursing visits only and will be enrolled by a community health nurse at the first home visit.

#### 4.3.6 ENROLLMENT FORM – Signature Page

To qualify for participation in HRPP, families must reside in Arizona at the time of their infant's birth and have babies that;

- Are sick at birth and need an intensive or special care nursery for more than 120 hours (5 days)
- Are discharged home from a well-baby nursery and are readmitted to an intensive or special care nursery within 96 hours of birth
- Are selected by special request of a Program contracted Neonatologist
- Were born out of state and spent time in a newborn intensive or special care nursery and require follow-up services after moving to AZ (these babies are ONLY eligible for follow-up services as partial)
- In response to the opioid crisis, all newborns with a diagnosis of Neonatal Abstinence Syndrome (NAS) are automatically eligible for HRPP. (5 days in the NICU are not required)

HRPP offers two types of participation, Full and Partial. Both types include follow up services and developmental assessments with a Community Health Nurse for up to three years at no cost to the family. This document must be signed by a parent/guardian. A hospital representative must sign at the bottom of the page. A copy must be given to the parent/guardian.



### HIGH RISK PERINATAL PROGRAM (HRPP) ENROLLMENT FORM – Signature Page

Place Hospital Label Here

#### ENROLLMENT SELECTION

<b>Infant's First Name*</b>	<b>Infants Last Name*</b>	<b>Alias Last Name</b> (same as hospital label)	<b>DOB*</b>
			/ /
<b>Infant's Insurance Coverage Type:</b>	<input type="checkbox"/> 3 <sup>rd</sup> Party Private	<input type="checkbox"/> AHCCCS	<input type="checkbox"/> KidsCare
	<input type="checkbox"/> IHS Non-AHCCCS	<input type="checkbox"/> Healthcare Sharing Plans	<input type="checkbox"/> None/Pending AHCCCS

As a parent of a newborn residing in a NICU or SCN for a minimum of five (5) days, I request the following:

**PARTIAL PARTICIPATION: (No financial assistance)** By choosing partial participation, I can receive in-home follow-up visits from a community health nurse to assess my newborn's developmental needs for up to three years. I am choosing NOT to receive financial assistance for any costs over and above what my insurance covers for inpatient services and transport if needed. I shall be liable for all medical charges incurred. *I may request a change in my level of participation during the first sixty (60) days after the birth of my newborn. (Back Transports WILL be covered for AHCCCS covered infants)*

**PARTIAL/LATE PARTICIPATION: (No financial assistance)** I request participation in the HRPP community home nursing. I reside in the State of Arizona and my infant meets the HRPP criteria. Reason for partial/late enrollment:

- Sibling of eligible infant   
 Enrollment Hospital never offered program   
 Parent originally declined participation  
 Out of state NICU   
 Name of Neonatologist/Pediatrician recommending follow-up: \_\_\_\_\_

**FULL PARTICIPATION: (Note: 'None' and 'Healthcare Sharing Plans' are only eligible for Partial Participation)** I understand that by choosing full participation I can receive in-home follow-up visits from a community health nurse to assess my baby's developmental needs for up to three years and in addition, I may receive financial assistance for inpatient hospital care and transport to another hospital should my baby need it. Continue below.

I authorize the release of any necessary medical, social and financial information held by any institution or individual that provided newborn services to my child to the Arizona Department of Health Services (ADHS) and to their contracted providers as part of my participation in the High Risk Perinatal Program. ADHS will only request, enter, and or use necessary medical, social, and financial information to complete the task at hand to accomplish the intended purposes of: program enrollment/verification, medical claims coordination, HRPP ETO statewide data collection and reporting as well as for program improvement purposes.

X \_\_\_\_\_

Signature of Parent/Guardian/Responsible Person requesting enrollment

\_\_\_\_\_ Date

### **Partial Participation - HOSPITAL**

Partial Participation is for families who have chosen to receive Community Nursing Services after discharge and either do not qualify for Full Participation or do not want to apply for financial assistance.

Parents usually choose this option if:

- They do not wish to disclose financial information
- They are sure that their insurance company will pay all their newborn's transport, hospital or physician inpatient bills
- They have a healthcare sharing plan versus traditional insurance
- They do not have 3rd party private, Indian Health Care, or group insurance or are uninsured

\*Note: If the family is uninsured or has a healthcare sharing plan, have the family work with a hospital patient financial representative to see if they can provide financial assistance when needed.

### **Partial Participation - PHYSICIANS**

Physician services require Full participation. With partial participation parents are responsible for all the bills. (See Chapter 6)

### **Full Participation - HOSPITAL**

Full participation includes a financial component. HRPP is not insurance, it is a payor of last resort and financial assistance is provided to families with traditional 3rd-party insurance only.

Families with 3rd party insurance and requesting Full Participation will complete the Financial Worksheet section of the Enrollment form. Families must be enrolled within 30 days of birth.

It is required that the baby is enrolled on the family's insurance plan immediately. If the baby is not added or enrolled and maintained on the family's insurance, the family is NOT eligible for Full Participation and HRPP will NOT be able to assist with expenses associated with care and services, the family will be fully responsible. NOTE: HRPP also does not pay for non-emergency services (i.e. circumcision).

When choosing Full participation, families may be responsible for part of the bills. The amount paid out of pocket is called the Family Financial Liability and is based on the information collected on the Financial Worksheet. The Family Financial Liability sets limits on the amount that contracted medical providers can bill a family.

Hospitals are only allowed to bill a family up to 75% of their established Family Financial Liability. The hospital will bill the insurance company first and then adjust the remaining balance prior to billing the family.

If the hospital representative has concern about the validity of the information provided by the family on the Financial Worksheet portion of the Enrollment Form - Signature page, the HRPP Director may be contacted to initiate a verification process.

If a family's financial situation changes within 60 days from birth, the family may revise the financial worksheet. The new information must be provided to the hospital representative and uploaded into the existing record in ETO and the new data entered within seven days.

4.3.7 AHCCCS

All newborns that have been approved by AHCCCS should be enrolled as Partial. AHCCCS will cover all hospital and in-patient bills. AHCCCS will NOT cover back transport if it is not medically necessary. HRPP WILL cover the cost of a back transport with prior approval by the HRPP Director.

BENEFIT OPTIONS	FULL	PARTIAL
3rd Party Insurance	X	
AHCCCS		X
Self-Pay		X
Medishare		X
No Insurance		X
Indian Health Services		X

**Partial Special Exception (AHCCCS DENIED)**

The hospital Liaison may request approval from the HRPP Program Director for Full Participation for any uninsured family that has received a denial letter from AHCCCS. The request for approval must

be submitted within 7 days of receiving the denial letter. The approval process must include:

- 1) the AHCCCS denial letter
- 2) an updated HRPP financial worksheet, signed by both the family and hospital representative

**Full Participation – PHYSICIANS**

Contracted Physicians may bill a family up to 25% of the Family Financial Liability for in-patient services. After billing 3rd party insurance, despite what the EOB reflects as the patient responsibility, and depending on the Family Financial Liability, the physician will reduce the expectation before balance billing the family.

Families are protected from costs only with providers who have a contract with HRPP. There is no cost protection from providers who do not contract with the program but some may agree to accept HRPP payment and not bill the family. (See Chapter 6)

4.3.8 ENROLLMENT FORM – Signature Page continued **Financial Worksheet**

This portion of the ENROLLMENT FORM – Signature page – bottom half, is to be used for Full participation only. Families can be faced with unexpected and sometimes devastating medical bills. To lessen the burden of medical costs for hospital, inpatient physician services and/or transport, a portion of the HRPP budget is designated to help pay these services. Hospitals, doctors and transport companies that contract with HRPP have agreed to limit the costs to families based on a sliding scale known as the HRPP Family Financial Liability Table (FFLT). The table is updated annually based on Federal Poverty Levels.

**BEST PRACTICE:** Once it's determined the infant is eligible for the program, sit down with the parents and fill out the worksheet together. After describing the benefits of the program and the Parent Handbook, record the financial information on the worksheet while going line by line on the expense side and asking probing questions. Once the worksheet is completed, use the chart above to determine the family liability. Record the family liability in the Parent Handbook and circle the Claims Coordinator number so if they do have questions once bills start coming they will know where to call. Insert a copy of the signed paperwork in the HRPP Parent Handbook for the family to keep. The family should also be given a HRPP business card which contains the Claims Coordinator number, write the family case

number on it once it is created in ETO. For families declining FULL participation, have a 'story' of the benefits of FULL participation, use an example from your hospital. Remember, if the family's financial situation should change within 60 days of birth, the financial worksheet can be revised.

4.3.9 DETERMINING FAMILY FINANCIAL LIABILITY

How to assist in filling out the Financial Worksheet:

1. Record number of individuals living in the home (family members)
2. Household Income: Enter the family's gross income for Parent 1 and Parent 2. If either parent does not have an income, then enter "0" into the "Parent 1's Gross Annual Income" and/or "Parent 2's Gross Annual Income" fields. If there is additional income, list it under 'Other Annual Income'.
3. Total Gross Annual Household Income: This field is the total of the three gross annual incomes.
4. Medical Expenses: If the family had medical expenses that exceeded \$2,000 dating a year back from the infant's date of birth, list those expenses in the ITEMIZED EXPENSES box on the right side. If the family did not have medical expenses that exceeded \$2,000, then disregard. Use the categories listed to guide families in recording medical deductions to the best of the family's recall.
5. Subtract medical expenses if any from gross income to determine net income.
6. Using the FFLT and applying the number in household and the net income, find the family's liability amount. (see the HRPPAZ ETO User Guide for electronic entry)
7. Parents/Guardian must sign both the top and the bottom of the Signature page if the family is requesting financial assistance. An authorizing Hospital representative must also sign.

DETERMINING FAMMILY FINANCIAL LIABILITY	
NUMBER IN HOUSEHOLD (newborn/parent(s)/siblings/grandparents)	
Parent 1 Annual income (before taxes)	\$
Parent 2 Annual income (before taxes)	\$
Other Annual income (before taxes)	\$
<b>TOTAL GROSS ANNUAL INCOME:</b>	<b>\$</b>
Subtract medical expenses (over \$2,000)	\$
<b>FAMILY FINANCIAL LIABILTY =</b>	<b>\$</b>

ITEMIZED EXPENSES	
i.e.: infertility costs, medical supplies, surgeries, deductibles, prescriptions etc.	
Medical insurance premiums (deducted from paycheck)	\$ _____
Medical copays/deductibles	\$ _____
Prescriptions	\$ _____
Labs & other testing charges	\$ _____
Vision Care (glasses)	\$ _____
Medical Supplies	\$ _____
Surgery Charges	\$ _____
<b>Total Expenses:</b>	<b>\$ _____</b>



## 4.4 Family Liability/Billing

The family's liability is the total amount that the family must pay to contracted providers before a bill is considered for payment by HRPP. The family liability is generally applied to hospital and physician bills accordingly: 75% to hospitals and 25% to specialty services. When a hospital does not require the entire 75%, the remaining liability is applied to physicians in the NICU or transport. Conversely, if the specialty services do not require the 25%, the remainder will be applied to the hospital bill. The family will be responsible for the entire established family liability. Families are not protected from costs with providers who do not have a contract with ADHS.

Hospitals, using the HRPP Family Financial Liability Table, establish the liability for each family requesting financial assistance. All contracted hospital and physicians agree not to bill the family more than their established family liability. Should the family's insurance co-pay or deductible exceed the family liability, the hospital agrees to accept the established family liability. Family liability is based on one amount per family rather than per child in the event of a multiple birth delivery. The liability is established once to cover all associated inpatient costs for the infant(s).

- 4.4.1 Distribution of Forms –All original paper copies should be uploaded in ETO. Original copies may be shredded once uploaded. Families should receive a copy of the enrollment forms (2 pages).
- 4.4.2 Any revisions to the Financial worksheet must be entered and uploaded in ETO within seven days of receiving revision. NOTE: PARENT/GUARDIAN MUST SIGN FORM.

## 4.5 HRPP Hospital Discharge Form

Discharge information will be entered in ETO within 7 days of discharge. Once the data is entered and the physician's discharge report is uploaded, the infant is to be referred and 'dismissed'. Checking the referral box, sends the entire infant file to the Community Health Nurse agency responsible for providing the follow up services in the family's geographic area. A list of Community Health Nurse Agencies and their geographic areas of responsibility will be provided annually.

## 4.6 Hospital Compensation

On the 20th of each month the HRPP Claims Coordinator will send three reports to the designated person(s) at each hospital for review.

- 4.6.1 HRPP Hospital Enrollment Report -This report will list all infants for which data has been entered into ETO. This report will list by hospital, the names of infants sorted by birth date. It will state the participation option, the family liability and insurance type. This report will be used by the hospital to ensure all eligible infants were enrolled. A missing name might mean the data entered was not complete or was not entered in ETO as intended.
- 4.6.2 HRPP Hospital Compensation Report - This report lists the names of infants sorted by date of birth for which HRPP will pay enrollment fees. Fees will be paid for all enrolled infants who meet the three requirements:
  - 1) infant is eligible
  - 2) all required data fields were populated
  - 3) data was entered within the required timeframe. Compensation for back transports will be added to this report, unlike in past years when there was a separate report

- 4.6.3 HRPP Hospital Non-Compensation Report - This report lists the names of infants sorted by birth date for which HRPP did NOT provide compensation because of one or more of the following;
- enrollment data entry was greater than 30 days
  - enrollment was incomplete
  - discharge was entered late (more than 15 days)
  - discharge data was missing
- 4.6.4 The HRPP Claims Coordinator will process compensation payments according to the reports and forward the request for payment to ADHS accounting. ADHS accounting will send the payment separate from the reports, to the designated hospital person.
- 4.6.5 If there is any discrepancy between the hospital and the ADHS Reports, the hospital should contact the HRPP Claims Coordinator at 602-364-0058.

<b>ACTION</b>	<b>TIME FRAME/DEADLINE</b>
Begin Enrollment Paperwork with Parents	Begin on <b>Day 5</b> Of NICU Stay
Enrollment Window for Parents	Parents Have Up To <b>30 Days</b> from DOB To Complete Enrollment
Enter Enrollment Information In ETO	Within <b>7 Days</b> of Parents Completing Enrollment Forms with Signature
Parents Request Modification Enrollment/Financials	Parents Have Up To <b>60 Days</b> After Birth to Modify Enrollment/Financial Information
Hospital Receives A Request Modify Enrollment Form	Hospital Has <b>7 Days</b> to Enter Modification In ETO
Hospital Enters Discharge Summary In ETO	Within <b>7 Days</b> of Date of Discharge
Hospital Refers and Dismisses Baby	Within <b>7 Days</b> of Date of Discharge
Upon Receiving Referral from Hospital	CHN has <b>7 Days</b> to Call Parents <u>To</u> Set Up A Home Visit

## CHAPTER 5: DEVELOPMENTAL CARE

Developmental Care guidelines provide a framework for the delivery of developmentally supportive care in Special Care and Neonatal Intensive Care Units. Developmental Care is individualized and flexible in nature. It recognizes and responds to each infant's vulnerabilities, competencies, and emerging abilities.

### 5.1. Personnel

The Developmental Coordinator/Specialist supports the collaborative efforts of parents and nursery staff to bring about the infant's best possible developmental achievements. The process facilitates achieving medical care in a way that is supportive of developmental progress. The formula for FTE coverage with Developmental Coordinator and Specialists can be found in the Appendix and in the Developmental Care Guidelines.

### 5.2 Duties

5.2.1 Contracted hospitals will develop criteria for determining infants who will receive Neonatal Individualized Developmental Care and Assessment Program (NIDCAP®) assessments. The criteria will be submitted to ADHS for approval initially and whenever modified. All infants who meet the hospital's defined criteria for NIDCAP® evaluation will receive NIDCAP® assessment(s). Special conditions such as high nursery acuity and/or census may require the Developmental Specialist to develop a priority criterion for infants receiving a NIDCAP®. The NIDCAP® is the preferred tool for comprehensive assessment of infants in a Neonatal Intensive Care Unit

5.2.2 The developmental assessment record will be placed in the infant's hospital medical record and also in ETO. Copies of developmental assessment records will be given to parents, the infant's primary nurse caregivers, and the Community Health Nurses who will provide services to the child after discharge from hospital. The primary care provider may be provided a copy within the context of the discharge summary. In order to continue developmentally supportive care and to inform the CHN of the infant's process, it is imperative that the CHN receives a record of the latest developmental assessments at the time of discharge. The CHN makes the first contact with the family within one week of referral and should have this record to inform her conversation with the family.

### 5.3 Forms/Reports

Developmental Care Coordinators will submit an annual report within 30 days of each new fiscal year on the form provided by ADHS.

#### 5.3.1 Annual Plan

The annual plan will include: the three Logic Model goals for the upcoming fiscal year agreed upon by ADHS:

- A recap of the previous year
- Three goals for the upcoming fiscal year demonstrating comprehensive developmental care for every infant, with objectives and strategies to meet the goals and process and outcome measurements identified

#### 5.3.2 Bi-Monthly Report

Six times a year Developmental Care Coordinators will submit a report 15 days after the end of a two-month period. The report form will be provided by HRPP and will include in a Logic Model format:

- Staff education
- Parent support/education
- NIDCAP® assessment/behavioral observation data
- Unit accomplishments, activities and challenges during the reporting period

## 5.5 Requirements

- 5.5.1 NIDCAP® is the preferred tool for comprehensive assessment of infants in a NICU. Contracted hospitals will develop criteria for determining infants who will receive NIDCAP® assessments. The criteria will be submitted to ADHS for approval initially and whenever modified. All infants who meet the hospital's defined criteria for NIDCAP® evaluation will receive NIDCAP® assessment(s). Special conditions such as high nursery acuity and/or census may require the Developmental Specialist to develop a priority criterion for infants receiving NIDCAP's®.
- 5.5.2 Infants who do not meet criteria for NIDCAP® evaluation or for whom the Developmental Coordinator or Specialist has determined NIDCAP® is inappropriate, may receive assessments using other tools as available or focused assessments by the Developmental Coordinator or Specialist.
- 5.5.3 Once NIDCAP® reliability has been achieved, it will remain in affect permanently as long as the NIDCAP® professional remains active in a Developmental Coordinator/Specialist role completing at least one NIDCAP® assessment annually. If a NIDCAP® reliable professional has not been in the role of Developmental Coordinator/Specialist within 12 months or more, an assessment of current NIDCAP® proficiency the NIDCAP® trainer will be required within 60 days of filling a Developmental Coordinator/Specialist position. Further re-certification training will be required if deemed necessary as based on the NIDCAP® trainer's recommendation.

## **CHAPTER 6:       PHYSICIAN SERVICES**

### **6.1   Personnel**

- 6.1.1   Medical services shall be provided by Arizona licensed and board certified/eligible physicians.
- 6.1.2   Contracted and non-contract physician providers participating in the care of HRPP infants shall abide by this policy and procedure manual.
- 6.1.3   Contracted medical providers will participate in ongoing education and training to ensure professional standards and practice. Documentation of education, training and licensure will be maintained by the medical provider and will be available for ADHS review upon request.

### **6.2   Duties**

Neonatologists provide care to newborns during hospitalization in the Newborn Intensive Care Unit or Special Care Nursery. Services include consultation, diagnostic services and medical treatment.


### **6.3   Billing and Payment**

- 6.3.1   Monthly HRPP will provide an enrollment report of all newborns eligible for financial assistance. For eligibility requirements see section 1.5.1. Call the number listed below to inquire about a specific newborn not listed on the monthly report.
- 6.3.2   Contractually Physicians have agreed to bill HRPP families no more than 25% of the family's assigned HRPP Family Financial Liability. The enrollment report includes the family's financial liability.
- 6.3.3   HRPP pays Physicians according to the current AHCCCS fee schedule. Physicians accept this fee schedule as payment in full and may not bill families more than 25% of their assigned family liability. HRPP will pay the patient responsibility as noted on the EOB or the AHCCCS fee, whichever is less.
- 6.3.4   Physicians may bill services from date of birth to date to discharge to HRPP for Full participation infants on form OMB-0938-1197 form 1500 if there is a balance not covered by 3RD party insurance payers. The OMB-0938-1197 form 1500 must show the HRPP case number, and all other pertinent information.
- 6.3.5   Bills may be considered for payment only after claims have been settled or agreed upon with all possible third-party payers.
- 6.3.6   Physician billing may be submitted up to 60 days after the funding cycle which ends each June 30th. Request for extensions in extenuating circumstances will be directed to the HRPP Program Director.
- 6.3.7   HRPP does not pay for non-emergency or medically necessary services such as circumcision.

- 6.3.8 Physicians who do not have a contract with HRPP may be reimbursed with HRPP as Payer of last resort, if HRPP funds are available. By accepting payment from HRPP, Physicians agree to NOT bill the family and abide by all HRPP Policies and Procedures.
- 6.3.9 Payments are contingent on availability of funds. When allocated funds are exhausted, the provider will process bills that would be the HRPP's liability as "NO FUNDS." The contracted providers are required to write off the amount for which the Program is responsible. A name of a physician or an authorized signer must be included on all bills.
- 6.3.10 To submit a claim to HRPP for payment, mail the CMS (HCFA)-1500 form along with the EOB to the HRPP Claims Coordinator at 150 N 18<sup>th</sup> Ave. Suite 320 Phx, AZ 85007.
- 6.3.11 Once a claim is submitted, DO NOT resubmit unless it was returned for one of the following reasons listed below.
- 6.3.12 Claims may be returned/denied for the following reasons:
- Service not provided in the current funding year
  - Newborn was not signed up for FULL participation
  - EOB is not attached

## 6.4 Requirements

- 6.4.1 Medical consultation, diagnostic services and treatment shall be documented in the infant's medical record in accordance with hospital policies and procedures.
- 6.4.2 Families cannot be billed for more than 25% of their established HRPP Family Liability.
- 6.4.3 Medical services shall be provided by Arizona licensed and board certified/eligible physicians



**FOR ASSISTANCE OR TO CHECK THE STATUS  
OF A CLAIM, CONTACT THE HRPP CLAIMS  
COORDINATOR AT 602-364-0058**

## CHAPTER 7: GLOSSARY

ADHS - Arizona Department of Health Services - ADHS is the Arizona state agency responsible for administering public health services and a variety of community health programs.

ASTNA - Air and Surface Transport Nurses Association, formerly NFNA.

AHCCCS - Arizona Health Care Cost Containment System – AHCCCS is an Arizona State agency that administers (through managed care plans) health care benefits and services for persons who are eligible for Medicaid or other low income medical assistance programs.

APT - Arizona Perinatal Trust – APT is the private non-profit agency that administers the voluntary certification of Arizona Hospitals for their obstetrical and neonatal care services. The agency also works to establish standards of care. The HRPP only contracts with hospitals that are certified by the APT.

Authorization - The ADHS process for accepting enrollment requests for eligible maternal and neonatal clients.

Back Transport - Any authorized transport of an HRPP infant from one HRPP contracted hospital to an equal or lower level HRPP contracted hospital. (All exceptions must be approved by the HRPP Transport Manager.)

CAMTS – Commission on Accreditation of Medical Transport Services – CAMTS is an organization which sets standards and provides accreditation for the medical transport industry.

Client - An enrolled patient who receives eligible neonatal or maternal services.

Contractor - A public or private organization that has a contract with the Arizona Department of Health Services to develop, manage, and provide services to high risk pregnant mothers and critically ill newborns.

Developmentally Appropriate - Refers to the provision of services and activities which are designed to optimize the developmental status and capabilities of the individual to whom they are targeted.

Eligibility - Pertains to meeting the requirements for enrollment in the HRPP.

Enrollment - A process of voluntarily requesting to receive HRPP Services by the parent or legal guardian for an eligible infant or transported mother.

Family-Centered - Recognition that the family is the constant in a child's life and that service systems and personnel must support, respect, encourage, and enhance the strength and competence of the family.

Family Liability - A term used to describe the total amount of money a family, including those with multiple births, will be required to pay out of pocket for services provided for their HRPP enrolled infant during the infant's hospital stay in an HRPP contracted hospital(s).

Forward Transport - Any authorized transport of an HRPP infant from one hospital to an equal or higher level HRPP contracted hospital.

Level I - A hospital certified by the APT to provide basic obstetrical and/or newborn care.

Level II - A hospital certified by the APT to provide basic and intermediate obstetrical and/or newborn care.

Level IIE (Enhanced) - A hospital certified by the APT, to provide all services provided by Level II hospitals plus management of pregnancy labor and delivery at 28 weeks gestational age or greater.

Level III - A hospital certified by the APT, to provide basic and intensive obstetrical and/or newborn care.

Multi-disciplinary - Refers to a service or activity carried out collaboratively between at least two separate disciplines. Each discipline involved carries out its own part, but the resulting product includes the input presented in an integrated fashion.

NANN Transport Guidelines - National Association of Neonatal Nurses published guidelines for the ground transport of critically ill newborns.

On-Line Medical Control Physician - The ADHS contracted Maternal Fetal Medicine specialist or Neonatologist available to the medical crew during transport, giving consultation and direction regarding patient medical care.

BWCH- Bureau of Women's and Children's Health – BWCH provides services and facilitates systems development to improve the health of women, children and adolescents. This includes: technical assistance, consultation, systems and community development, direct care, contracts for services and education.

Primary Referral Source - Hospitals, including prenatal and postnatal care facilities, physicians, parents, day care programs, local education agencies, public health facilities, other social service agencies and other health care providers.

Program Director - An ADHS employee who is responsible for the agency's implementation and oversight of a specific program component of the HRPP.

Reconciliation Year - The previous year for which services are billed.

Referral - Refers to the concept of linking persons in need of particular services or service alternatives with services appropriate for their needs; and assisting individuals to access these services when necessary.

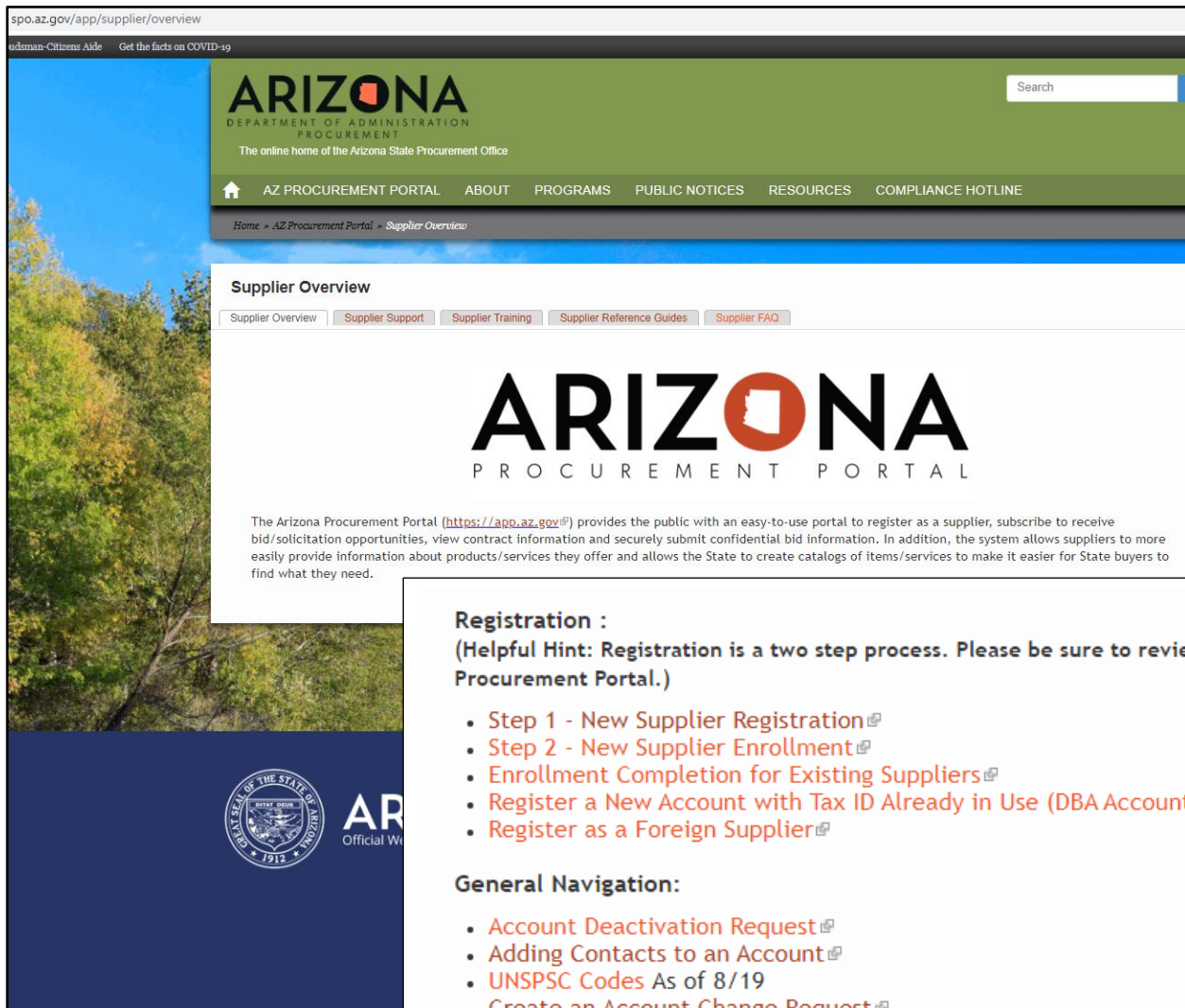
Risk Appropriate - Refers to the concept of providing needed services in the manner and in a facility that most closely meets the needs of the individual.

Service Year - The current year in which services are provided.

Transport Team - Specialized teams trained for, and immediately available, to respond to calls for high-risk maternal or neonatal transports. These teams are HRPP contractors.

# APPENDIX

## Arizona Procurement Portal (APP)



### Registration :

(Helpful Hint: Registration is a two step process. Please be sure to review both Procurement Portal.)

- [Step 1 - New Supplier Registration](#)
- [Step 2 - New Supplier Enrollment](#)
- [Enrollment Completion for Existing Suppliers](#)
- [Register a New Account with Tax ID Already in Use \(DBA Account\)](#)
- [Register as a Foreign Supplier](#)

### General Navigation:

- [Account Deactivation Request](#)
- [Adding Contacts to an Account](#)
- [UNSPSC Codes As of 8/19](#)
- [Create an Account Change Request](#)
- [General Navigation in APP](#)
- [How to Locate Bids and Contracts in the APP Public Portal](#)
- [How to Upload a Catalog to Your Profile](#)
- [Viewing the Public Portal](#)

### Solicitations:

- [Adding Confidential Documents to a Offer/Response](#)
- [Confidential Questionnaire Attachments](#) \*\*\*
- [Submitting a Best and Final Offer \(BAFO\)](#) \*\*\*
- [Submitting and Offer/Response](#)
- [Viewing a Solicitation \(Bid\)](#)
- [Withdraw/Amending an Offer Response](#)

### Cooperative Usage Reports: (COMING SOON)

- [Submitting Cooperative Usage Report Payments](#)
- [Submitting zero-sum Cooperative Usage Report](#)



# Developmental Coordinator Bi-Monthly Report

High Risk Perinatal Program (HRPP)  
 Program Administration & Developmental Services

SUBMIT BY THE 15<sup>TH</sup> EVERY OTHER MONTH TO:  
[Cindy.walker@denityhealth.org](mailto:Cindy.walker@denityhealth.org)  
 CC: [Brenda.Nichols@azdhs.gov](mailto:Brenda.Nichols@azdhs.gov)



## DEVELOPMENTAL SPECIALIST BI-MONTHLY REPORT

YEAR: FY 2020-2021

HOSPITAL: [Click here to enter text.](#)

Updated 7.1.20 v.01

	Developmental Coordinator	<b>SUBMITTED FOR THE MONTHS OF:</b> (bold the months for which you are reporting)		
Completing Report:		July-Aug	Sep-Oct	Nov-Dec
Telephone		Jan-Feb	Mar-April	May-June
Email				

### ADHS HRPP LOGIC MODEL GOALS FOR DEVELOPMENTAL COORDINATORS

OBJECTIVES	DESIRED OUTCOME	ACTUAL OUTCOME	OUTLIERS/PLAN FOR IMPROVEMENT
<b>STAFF EDUCATION</b> By June 30, 2021, 100% of staff will receive training on developmentally supportive care as evidenced by monthly documentation.			<a href="#">Click here to enter text.</a>
<b>PARENT SUPPORT</b> By June 30, 2021, parents will be provided a family-centered environment aimed at reducing infant and family stress by: providing education, encouraging non-medical care for infants, and providing family support throughout hospital stay as evidenced by sign in sheets, attendance counts, handouts, and/or completion of satisfaction surveys.			<a href="#">Click here to enter text.</a>
<b>NIDCAP OBSERVATION</b> By June 30, 2021, 100% of qualifying infants will receive a minimum of one formal NIDCAP evaluation prior to discharge. Additional developmental observations may be completed as needed as evidenced by written summaries given to parents.			<a href="#">Click here to enter text.</a>

UNIT ACCOMPLISHMENTS, ACTIVITIES, AND /OR CHALLENGES DURING THE REPORTING PERIOD:



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

PREVENTION SERVICES

## High Risk Perinatal Program (HRPP)

# Developmental Care Guidelines

Bureau of Women's and  
Children's Health  
Office of Children's Health

# 2021

Updated 1/1/2021

## Forward to the 2021 Revision

Twenty-three years after the original version of this document was written in 1997, two of the original 17 members continue to provide guidance, experience and a historical perspective to the current committee. A distinct acknowledgement to Tracey Bullock, M.S., M. Ed. at Phoenix Children's Hospital and Julie Seidl, BSN from the Tucson Medical Center for your continued support and dedication to the Council and to the infants and families you serve. A special thank you goes out to Cindy Walker, RN, HRPP Developmental and Educational Consultant and Council Chair for all the time and energy spent providing leadership, education and encouragement to the Council. Without Cindy's dedication to developmentally supportive care, this revision would not have been possible. Developmental Care Council members bring crucial knowledge and insight to the Council in the ever changing world of Developmental Care. Thank you, Council for your dedication to developmental care and your continued support of the High Risk Perinatal Program and the infants and families we serve.

Brenda Nichols, HRPP Director

### Developmental Care Council of Arizona – Members 2020

Amy Highland, MSN-Ed, RNC-NIC, NIDCAP Professional  
Ariane Dobson, MSN-Ed, RNC-NIC, NIDCAP Professional  
Bonni Moyer, MSPT, NIDCAP Trainer  
Brenda Nichols, HRPP Director  
Christine Ellis, RN, NIDCAP Professional  
Cindy Walker, BSN, RN, NIDCAP Professional  
Dawn Beville, RN, NIDCAP Professional  
Elizabeth Harden, RNC-NIC, NTMC, NIDCAP Professional  
Holly Lozano, RN BSN, NIDCAP Professional  
Julie Seidl, BSN, NIDCAP Professional  
Margo Roberts, BSN, NIDCAP Professional  
Marla Wood, RN, MEd, NIDCAP Professional  
Becky Coykendall, BSN, RNC-NIC, NIDCAP Professional  
Mary Mills, BS, RN, NIDCAP Professional  
Mary Ann Sawyer, RN, BSN, IBCLC, NIDCAP Professional  
Meghan Heinz, RN, BSN, NIDCAP Professional  
Nancy A Gates, BSN, RNC-NIC, NIDCAP Professional  
Norma Essex, RRT, CIMI, NIDCAP Professional  
Sharon Caudle, RN BSN, NIDCAP Professional  
Shari Weise, MSN-Ed, RNC-NIC, NIDCAP Professional  
Sonora Robison, BSN, NIDCAP Professional  
Suzi Olsen-Zwick, M.P.T., NIDCAP Professional  
Tracey Bullock, M.S., M. Ed., NIDCAP Professional  
Traci King, MSN, RN, NIDCAP Professional

Mercy Gilbert Medical Center  
HonorHealth Scottsdale Shea  
Dignity Health St. Joseph's Hospital  
Arizona Department of Health Services  
Yuma Regional Medical Center  
Dignity Health St. Joseph's Hospital  
Chandler Regional Medical Center  
Tucson Medical Center  
Banner Thunderbird Medical Center  
Tucson Medical Center  
Banner Children's at Desert  
Dignity Health St. Joseph's Hospital  
Banner University Medical Center Tucson  
Arrowhead Hospital/Hushabye Nursery  
Banner Gateway Hospital/Banner Desert  
Carondelet St. Joseph's Hospital  
Banner University Medical Center Tucson  
Banner University Medical Center Phoenix  
Banner Thunderbird Medical Center  
Banner Estrella Medical Center  
Banner Estrella Medical Center  
Flagstaff Medical Center  
Phoenix Children's Hospital  
Valleywise Health Medical Center

## Introduction

Developmental Care guidelines provide a framework for the delivery of developmentally supportive care in Special Care and Neonatal Intensive Care Units. Developmental care is individualized and flexible in nature. It recognizes and responds to each infant's vulnerabilities, competencies, and emerging abilities. The guidelines for developmentally supportive care are based on the following principles and philosophy:

1. Developmentally supportive care is mandatory for the optimal development of an infant. This philosophy of care:
  - a. Is based on the infant and family needs
  - b. Supports an environment which is conducive to maximum healing and growth
  - c. Is incorporated into discharge planning upon admission
2. The family is the most important resource in a child's life; therefore, they are active participants in the care and discharge planning for their infant(s).
3. All children have intrinsic value and the right to maximize their potential for productive independence.
4. Supporting and helping parents learn the skill to advocate for and enhance the development of their infant(s) is an integral part of the services provided.
5. Developmental follow-up after discharge is critical for:
  - a. Assuring optimal development of the child
  - b. Strengthening the family unit
  - c. Identifying developmental needs and referring for early intervention

The Developmental Coordinator/Specialist supports the collaborative efforts of parents and nursery staff to bring about the infant's best possible developmental achievements. The process facilitates achieving medical care in the way that is supportive of developmental progress.

## History of Developmental Care in Arizona

In 1988, the Arizona Department of Health Services, Bureau of Women's and Children's Health provided financial and administrative support projects in Level III nurseries. Each Level III nursery committed to having a dedicated Newborn Individualized Developmental Care and Assessment Program (NIDCAP®) certified Developmental Coordinator/Specialist who would perform NIDCAP® assessments on the highest risk infants and provide training for families and staff in the Special Care and Neonatal Intensive Care Units.

In 1991, the Developmental Coordinators initiated the Developmental Care Council of Arizona and began to meet on a quarterly basis.

In 1993, the Developmental Care projects expanded to include Level II hospitals with enhance qualifications (IIEQ) and those Developmental Coordinators began attending Council meetings. The Council is responsible for many numerous accomplishments over the years that have been implemented in nurseries across the state. NIDCAP® remains the standard of care with FTE requirements for certified staff in each nursery depending on their ATP level designation and number of beds. St. Joseph's Hospital and Medical Center is a certified NIDCAP® Training Center and will be used for all certification and recertification if necessary.

## Recommendations and Guidelines

Developmentally supportive care is an integral component in the development of optimum mental and physical health for infants. The Arizona Department of Health Services, Bureau of Women's and Children's Health and the Developmental Care Council of Arizona have adopted the following goals for developmentally supportive care in Special Care and Neonatal Intensive Care Units:

1. Support families before birth and beyond by:
  - a. Developing programs for staff on family-centered care which includes:
    - i. Principles of family-centered care
    - ii. Policies that reflect a partnership with parents
  - b. Creating an environment conducive to parent and staff partnering by
    - i. Encouraging families to provide all non-medical care for their infant(s) from birth and supporting them throughout the hospital stay
    - ii. Encouraging families to partner with the health care team in providing developmental care
2. Ensure that every infant receives care that promotes optimal brain development (i.e. developmentally supportive care) as a standard of care by:
  - a. Documenting all developmental care provided daily
  - b. Establishing and/or maintaining a developmental program based on the Synactive Theory of Development (Als, 1982) which includes:
    - i. A Developmental Committee composed of families, medical, nursing, and ancillary staff who collectively support the mission, vision, and goal of providing developmentally supportive care
    - ii. Regular staff education regarding developmental care
    - iii. Minimum NIDCAP® developmental assessments or other developmental assessments as approved by ADHS and the Developmental Care Council of Arizona
    - iv. The minimum required number of NIDCAP® certified Developmental Coordinator/Specialists per the ADHS/HRPP recommendations (refer to \_\_\_\_\_)
  - c. Providing a mechanism for supporting the development and implementation of recommendations by assuring:
    - i. Families participate in and receive a copy of the NIDCAP® or other developmental assessment
    - ii. The developmental assessment and recommendations are accessible at the bedside of the infant for all team members to review and implement

3. Maintain Developmental Care personnel according to the ADHS/HRPP and APT guidelines for each designated level of care as outlined below:
  - a. Level II Perinatal Care Centers provide:
    - i. Registered nurse or qualified staff readily available with experience and competency in:
      1. Neonatal Developmental Care for infants >32 weeks gestation
      2. Neonatal Developmental Care for late preterm infants
  - b. Level IIIA Perinatal Care Centers provide:
    - i. Developmental Care Coordinator/Specialist NIDCAP® certified with FTE's according to ADHS/HRPP requirements
    - ii. NIDCAP® assessments completed on infants following HRPP approved criteria
    - iii. Other developmental behavioral assessments on infants as needed
    - iv. Access to occupational, physical, and speech therapists
  - c. Level IIIB Perinatal Care Centers provide:
    - i. Developmental Care Coordinator/Specialist NIDCAP® certified with FTE's according to ADHS/HRPP requirements
    - ii. NIDCAP® assessments completed on infants following HRPP approved criteria
    - iii. Other developmental behavioral assessments on infants as needed
    - iv. Occupational, physical, and speech therapists are present
  - d. Level IV Perinatal Care Centers provide:
    - i. Developmental Care Coordinator/Specialist NIDCAP® certified with FTE's according to ADHS/HRPP requirements
    - ii. NIDCAP® assessments completed on infants following HRPP approved criteria
    - iii. Other developmental behavioral assessments on infants as needed
    - iv. Occupational, physical, and speech therapists are present
  - e. Level III Freestanding Neonatal Care Centers provide:
    - i. Developmental Care Coordinator/Specialist NIDCAP® certified with FTE's according to ADHS/HRPP requirements
    - ii. NIDCAP® assessments completed on infants following HRPP approved criteria
    - iii. Other developmental behavioral assessments on infants as needed
    - iv. Occupational, physical, and speech therapists are present
  - f. Level IV Freestanding Neonatal Care Centers provide:
    - i. Developmental Care Coordinator/Specialist NIDCAP® certified with FTE's according to ADHS/HRPP requirements
    - ii. NIDCAP® assessments completed on infants following HRPP approved criteria
    - iii. Other developmental behavioral assessments on infants as needed
    - iv. Occupational, physical, and speech therapists are present

4. Provide a Developmental Coordinator/Specialist who is NIDCAP® certified, has good communication skills, and is visible and approachable in the Special Care or Intensive Care Unit. The Developmental Coordinator/Specialist will:
  - a. Partner with family and staff in the infant's care by providing formal NIDCAP® or other developmentally appropriate assessments with recommendations for individualized developmentally supportive care strategies
  - b. Recognize the post-term, chronic, and surgical infant who may require a developmental behavioral assessment different than NIDCAP®
  - c. Provide developmental care education as part of new staff orientation and continuing education for existing staff
  - d. Establish policies and procedures for the Special Care and Intensive Care Unit that include individualized developmental care as standard of care
  - e. Collaborate with colleagues to set the standard for defining and integrating a family-centered, developmentally supportive care philosophy by participating in related activities including:
    - i. Maintenance of NIDCAP® reliability
    - ii. Participation in the Developmental Care Council of Arizona
    - iii. Attendance at continuing education as able
    - iv. Provide developmental care training to other hospital staff
  - f. Develop a mechanism to communicate the infants' developmental needs to Community Health Nurses and contractors who will be providing follow-up services to infants and their families after hospital discharge by attending medical rounds and discharge planning meetings.
  - g. Submit bi-monthly and annual reports to ADHS/HRPP and maintain a log to track all infants who qualify for assessments.

## Newborn Individualized Developmental Care and Assessment Program

### NIDCAP®

The Neonatal Individualized Developmental Care and Assessment Program® (NIDCAP®) was conceptualized and developed by Dr. Heidelise Als of Harvard Medical School and Children's Hospital in Boston during the early 1980's and discussed in "Toward a Synactive Theory of Development: Promise for the Assessment and Support of Infant Individuality", (Als, H. Infant Mental Health Journal, vol. 3, no. 4, Winter 1982). The NIDCAP® is based on the Synactive Theory of Development which postulates that there is simultaneous development and differentiation of readily definable subsystems that are interacting with each other and with the environment on a continuous basis. The subsystems are physiologic (or automatic), motor, state, and regulatory.

Use of the NIDCAP® involves a number of steps with the desired end point being a program that encompasses the infant and family in a developmentally supportive way. These steps include the following:

1. Systematic observation of an infant's behavioral cues as a window to understand the infant's self-regulatory abilities and the threshold to stress which results in disorganized behavior. The observation is timed around routine care given by the parents or nurse. The infant is observed before, during, and after the care by an Infant Developmental Specialist. The Developmental Specialist needs to have achieved reliability in NIDCAP® which provides for accuracy of the behavioral observations, understanding the interplay between medical and developmental issues, preparation of a narrative in lay language, and support for the parents and nursery staff.
2. A written description is prepared by the Developmental Specialist and should contain information about:
  - a. The environment in general (e.g., the activity, noise and light levels of the room)
  - b. The infant's bed space and clothing
  - c. The infant's behavior with emphasis on self-regulatory efforts and successes and when the infant is unable to maintain organization
  - d. Integration of past and recent medical history including growth and development
  - e. Identification of the infant's current developmental goals
  - f. Suggestions for support of the infant's reaching current developmental goals

It is up to the Developmental Coordinator/Specialist to determine when NIDCAP® is not the appropriate assessment tool to use to evaluate an infant's development. If this determination is made, another type of developmental behavioral observation may be used. If used, this observation should be shared with the family and available for all staff to review as needed.

Hospitals will develop criteria for determining infants who will receive NIDCAP® assessments. The criteria will be submitted to ADHS for approval initially and whenever modified. All infants who meet the hospital's defined criteria for NIDCAP® will receive NIDCAP® assessments. Special conditions such as high nursery acuity and/or census may require the Developmental Coordinator/Specialist to develop a priority criterion for infants receiving a NIDCAP®. The NIDCAP® is the preferred tool for comprehensive assessment of infants in a Special Care or Neonatal Intensive Care Unit. It is up to the Developmental Coordinator/Specialist to determine when NIDCAP® is not the appropriate assessment tool to use to evaluate an infant's development. If this determination is made, another type of developmental behavioral observation may be used. All developmental assessments will be placed in the infant's hospital medical record and also in ETO. Copies of developmental assessments will be given to parents as well. The primary care provider may be provided a copy within the context of the hospital discharge summary as needed.

### NIDCAP® Re-certification Requirements for Developmental Coordinator/Specialist

Once NIDCAP® reliability has been achieved, it will remain in affect permanently as long as the NIDCAP® professional remains active in a Developmental Coordinator/Specialist role completing at least one NIDCAP® assessment annually. If a NIDCAP® reliable professional has not been in the role of Developmental Coordinator/Specialist within 12 months or more, an assessment of current NIDCAP® proficiency the NIDCAP® trainer will be required within 60 days of filling a Developmental Coordinator/Specialist position. Further re-certification training will be required if deemed necessary as based on the NIDCAP® trainer's recommendation.

#### Level II EQ Hospitals

</= 12 NICU beds – **minimum** .5 FTE Developmental Coordinator  
13-20 NICU beds – **minimum** .75 FTE Developmental Coordinator  
21-30 NICU beds – **minimum** 1.0 FTE Developmental Coordinator  
31-40 NICU beds – **minimum** 1.0 FTE Dev. Coordinator **and** .5 FTE Dev. Specialist  
41-50 NICU beds – **minimum** 1.0 FTE Dev. Coordinator **and** .75 FTE Dev. Specialist  
51-60 NICU beds – **minimum** 1.0 FTE Dev. Coordinator and 1.0 FTE Dev. Specialist

#### Level III Hospital

</=15 NICU beds – **minimum** .75 FTE Developmental Coordinator  
16-25 NICU beds – **minimum** 1.0 FTE Developmental Coordinator  
26-35 NICU beds – **minimum** 1.0 FTE Dev. Coordinator **and** .5 FTE Dev. Specialist  
36-45 NICU beds – **minimum** 1.0 FTE Dev. Coordinator **and** .75 FTE Dev. Specialist  
46-55 NICU beds – **minimum** 1.0 FTE Dev. Coordinator **and** 1.0 FTE Dev. Specialist  
56-65 NICU beds – **minimum** 1.0 FTE Dev. Coordinator **and** 1.5 FTE Dev. Specialist  
66-75 NICU beds – **minimum** 1.0 FTE Dev. Coordinator **and** 1.75 FTE Dev. Specialist  
76-85 NICU beds – **minimum** 1.0 FTE Dev. Coordinator **and** 2.0 FTE Dev. Specialist  
86-95 NICU beds – **minimum** 1.0 FTE Dev. Coordinator **and** 2.5 FTE Dev. Specialist  
96-105 NICU beds – **minimum** 1.0 FTE Dev. Coordinator **and** 2.75 FTE Dev. Specialist  
106-125 NICU beds – **minimum** 1.0 FTE Dev. Coordinator **and** 3.00 FTE Dev. Specialist

**This will be updated based on APT's new guidelines**

Level II Perinatal Care Centers:  
Level IIIA Perinatal Care Centers:  
Level IIIB Perinatal Care Centers:  
Level IV Perinatal Care Centers:  
Level III Freestanding Neonatal Care Centers:  
Level IV Freestanding Neonatal Care Centers:

# Discharge Form

## HIGH RISK PERINATAL PROGRAM (HRPP)

The State of Arizona established a High Risk Perinatal Program to provide a system of Transportation, Hospital, Medical, and Follow-up for high risk newborns whose parents reside in Arizona.



ARIZONA DEPARTMENT OF HEALTH SERVICES

Health and Wellness for all Arizonans

### HRPP DISCHARGE SUMMARY

Infant's First Name:		Middle Initial:	DOB: / /
Infant's Last Name:		Infant's Alias Name:	
Birth Weight:	Birth Length (cm):	Birth OFC (HC) (cm):	
Gestational Age: Weeks	Fetal Growth: <input type="checkbox"/> AGA <input type="checkbox"/> SGA <input type="checkbox"/> LGA	APGAR: @ 1 5 10	
NICU/SCN Admit Date: * / /	Discharge Date: * / /	To:*	
Discharge Weight (grams):	Discharge Length (cm):	Discharge OFC (cm):	
Date of Death: / /	Primary Care Physician:		
<b>Respiratory Diagnosis/Complications</b> <input type="checkbox"/> Air Leak Syndrome <input type="checkbox"/> Apnea - <input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved <input type="checkbox"/> BPD (or Chronic Lung Disease) <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Meconium RDS <input type="checkbox"/> Pleural Effusion <input type="checkbox"/> Pneumonia <input type="checkbox"/> PPHN (pulmonary hypertension) <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Respiratory Insufficiency <input type="checkbox"/> Subglottic Stenosis/Tracheomalacia <input type="checkbox"/> TTN <input type="checkbox"/> Other _____	<b>Neurological Diagnosis</b> <input type="checkbox"/> Abnormal Neurological Exam <input type="checkbox"/> PVL <input type="checkbox"/> Acquired Hydrocephalus <input type="checkbox"/> Reservoir <input type="checkbox"/> Congenital Hydrocephalus <input type="checkbox"/> Seizures <input type="checkbox"/> Cooling Therapy <input type="checkbox"/> Shunt <input type="checkbox"/> Hypoxic Encephalopathy <input type="checkbox"/> IVH - Grade I / II <input type="checkbox"/> IVH - Grade III / I <input type="checkbox"/> Meningitis <input type="checkbox"/> Microcephaly <input type="checkbox"/> Myelomeningocele <input type="checkbox"/> Other _____	<b>Discharge Information / Adaptations</b> <input type="checkbox"/> Apnea Monitor <input type="checkbox"/> Oxygen <input type="checkbox"/> Car Bed <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> CPR <input type="checkbox"/> Special Feeding <input type="checkbox"/> Feeding Pump <input type="checkbox"/> Special Therapy <input type="checkbox"/> Medication <input type="checkbox"/> Suction Machine <input type="checkbox"/> Ostomy Supplies <input type="checkbox"/> Ventilator <input type="checkbox"/> Other _____	
<b>Respiratory Treatment (RT)</b> <input type="checkbox"/> CPAP Only <input type="checkbox"/> NC <input type="checkbox"/> ECMO <input type="checkbox"/> Nitric Oxide <input type="checkbox"/> IPPV/NIPPV <input type="checkbox"/> Surfactant <input type="checkbox"/> Jet Ventilation <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Oscillator <input type="checkbox"/> Vapotherm/HFNC <input type="checkbox"/> Other _____	<b>Gastrointestinal/Genitourinary</b> <input type="checkbox"/> GE Reflux <input type="checkbox"/> GI Anomaly <input type="checkbox"/> GU Anomaly <input type="checkbox"/> Proven NEC <input type="checkbox"/> Renal Failure <input type="checkbox"/> Surgery _____ <input type="checkbox"/> Other _____	<b>Newborn Screening</b> <input type="checkbox"/> Bloodspot Screen - <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Car Seat Study - <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> CCHD Screen - <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Hearing Screen - <input type="checkbox"/> Pass <input type="checkbox"/> Refer	
<b>Cardiovascular Diagnosis/Complication</b> <input type="checkbox"/> Cardiac Anomaly <input type="checkbox"/> Cardiac Dysrhythmias <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> Shock Hypotension w/ Pressor Support <input type="checkbox"/> Systemic Hypertension <input type="checkbox"/> Other _____	<b>Other Diagnoses</b> <input type="checkbox"/> Congenital Viral Infections <input type="checkbox"/> IUGR <input type="checkbox"/> Multiple Birth (# of Births _____) <input type="checkbox"/> NAS <input type="checkbox"/> Positive Drug Screen For: <input type="checkbox"/> Amphetamines <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Cocaine <input type="checkbox"/> Fentanyl <input type="checkbox"/> Heroin <input type="checkbox"/> Methadone <input type="checkbox"/> Opiates <input type="checkbox"/> SSRIs <input type="checkbox"/> Suboxone <input type="checkbox"/> THC <input type="checkbox"/> ROP/Vision Screen - <input type="checkbox"/> Pass/WNL <input type="checkbox"/> Refer/Abnormal Time Frame for Vision Screen Follow-up _____ <input type="checkbox"/> SGA-Symmetrical <input type="checkbox"/> Suspected/Proven Sepsis <input type="checkbox"/> Symptomatic Hypoglycemia (BG <40) <input type="checkbox"/> Other _____	<b>Immunizations</b> <input type="checkbox"/> DTaP <input type="checkbox"/> HepB <input type="checkbox"/> Hib <input type="checkbox"/> Pediatrix <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Polio <input type="checkbox"/> Synagis (date _____) <input type="checkbox"/> Refused <input type="checkbox"/> Other _____	
<b>Cardiovascular Treatment</b> <input type="checkbox"/> PDA - Medication <input type="checkbox"/> PDA - Surgical <input type="checkbox"/> Other _____	<b>Developmental</b> <input type="checkbox"/> Kangaroo Care <input type="checkbox"/> NIDCAP (# completed _____) <input type="checkbox"/> OT Evaluation <input type="checkbox"/> PT Evaluation <input type="checkbox"/> Speech Evaluation <input type="checkbox"/> Other _____	<b>Referral to</b> <input type="checkbox"/> HRPP Community Home Nursing <input type="checkbox"/> ASDB <input type="checkbox"/> AzEIP <input type="checkbox"/> CRS <input type="checkbox"/> DCS <input type="checkbox"/> DDD <input type="checkbox"/> Developmental Follow-up Clinic <input type="checkbox"/> Health Start <input type="checkbox"/> Healthy Families <input type="checkbox"/> Home Health Agency <input type="checkbox"/> ISSI <input type="checkbox"/> Smooth Way Home <input type="checkbox"/> WIC <input type="checkbox"/> Other _____	
<b>Hematological</b> <input type="checkbox"/> Anemia <input type="checkbox"/> Polycythemia <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Twin to Twin Transfusion Syndrome <input type="checkbox"/> Other _____	<b>Social Concerns</b> <input type="checkbox"/> Adoption <input type="checkbox"/> Domestic Violence/Child Abuse History <input type="checkbox"/> Edinburgh Postnatal Score _____ <input type="checkbox"/> Family Conflict/Anger <input type="checkbox"/> Father of Baby Not Involved <input type="checkbox"/> History of Parental Substance Abuse <input type="checkbox"/> Housing Inadequate or Homeless <input type="checkbox"/> Infant Placed in Foster Care <input type="checkbox"/> Language Barrier _____ <input type="checkbox"/> No Family/Community Support System <input type="checkbox"/> No Transportation/Limited Transportation <input type="checkbox"/> Parent has Chronic Illness <input type="checkbox"/> Parent has Cognitive Limitation <input type="checkbox"/> Parent has Developmental Disability <input type="checkbox"/> Parent(s) Incarcerated <input type="checkbox"/> Parent has Mental Illness <input type="checkbox"/> Parental Unemployment <input type="checkbox"/> Siblings have Chronic Illness or Dev. Disability <input type="checkbox"/> Problems Buying Food & Other Necessities <input type="checkbox"/> Single Parent <input type="checkbox"/> Teen Parent <input type="checkbox"/> Other _____		
<b>Notes:</b>    			

# Enrollment Form – Demographics



## HIGH RISK PERINATAL PROGRAM (HRPP) ENROLLMENT FORM - Demographics

The State of Arizona established a High Risk Perinatal Program to provide a system of Transportation, Hospital, Medical, and Follow-up for high risk newborns whose parents reside in Arizona. This program also assists qualifying families with catastrophic costs related to newborn intensive care.

### INFANT DEMOGRAPHICS

<b>First Name*</b> (for multiples, include all names i.e. Eva BGA/Jose BBB)
<b>Middle Initial</b>
<b>Last Name*</b>
<b>Alias Last Name</b> (same as hospital label)
<b>Multiple Birth Identifier</b> (Twins – A & B)(Boy =B, Girls=G) BBA, BGB
<b>DOB*</b> / / <b>Gender*</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Ambiguous
<b>Address and Zip Code*</b>
<b>Birth Hospital *</b>
<b>Medical Record Number</b>
<b>Race*</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown
<b>Ethnicity*</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
<b>Primary Language Spoken in Home</b>
<b>Tribal Affiliation – If applicable</b>
<b>Reservation – If applicable</b>
<b>Notes/Directions to Home - If applicable</b>

### PARENT/GUARDIAN PROFILE - MOTHER

**Is Mother the Primary Caregiver?\***     Yes     No

<b>Mother's First Name*</b>	
<b>Last Name*</b>	
<b>Alias Last Name/Maiden Name</b> (same as on hospital label)	
<b>DOB*</b> / /	<b>Contact Preference*</b> <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email
<b>Primary Phone*</b>	<b>Secondary Phone</b>
<b>Email Address</b>	
<b>Race*</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown	
<b>Ethnicity*</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
<b>Marital Status*</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
<b>Highest Grade Completed*</b> <input type="checkbox"/> Unknown <input type="checkbox"/> <= 8 <sup>th</sup> <input type="checkbox"/> 9-11th <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> 2yr College <input type="checkbox"/> 4yr College <input type="checkbox"/> 6yr + College	

### PARENT/GUARDIAN PROFILE - OTHER

**Is this Person the Child's Primary Caregiver?\***     Yes     No

<b>Individual's Relationship to Child*</b> <input type="checkbox"/> Father – DOB _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> DCS <input type="checkbox"/> Non-Relative _____ <input type="checkbox"/> Foster Parent First Name* _____ <input type="checkbox"/> Call Last Name* _____ <input type="checkbox"/> Text Primary Phone* _____ <input type="checkbox"/> Email Email _____ Address _____	
<b>Individual's Relationship to Child*</b> <input type="checkbox"/> Father – DOB _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> DCS <input type="checkbox"/> Non-Relative _____ <input type="checkbox"/> Foster Parent First Name* _____ <input type="checkbox"/> Call Last Name* _____ <input type="checkbox"/> Text Primary Phone* _____ <input type="checkbox"/> Email Email _____ Address _____	

# Enrollment Form – Signature Page



## HIGH RISK PERINATAL PROGRAM (HRPP) ENROLLMENT FORM – Signature Page

Place Hospital Label Here

**ENROLLMENT SELECTION**

<b>Infant's First Name*</b>	<b>Infants Last Name*</b>	<b>Alias Last Name</b> (same as hospital label)	<b>DOB*</b>
			/ /

**Infant's Insurance Coverage Type:**

3<sup>rd</sup> Party Private   
  AHCCCS   
  KidsCare  
 IHS Non-AHCCCS   
  Healthcare Sharing Plans   
  None/Pending AHCCCS

As a parent of a newborn residing in a NICU or SCN for a minimum of five (5) days, I request the following:

**PARTIAL PARTICIPATION: (No financial assistance)** By choosing partial participation, I can receive in-home follow-up visits from a community health nurse to assess my newborn's developmental needs for up to three years. I am choosing NOT to receive financial assistance for any costs over and above what my insurance covers for inpatient services and transport if needed. I shall be liable for all medical charges incurred. *I may request a change in my level of participation during the first sixty (60) days after the birth of my newborn. (Back Transports WILL be covered for AHCCCS covered infants)*

**PARTIAL/LATE PARTICIPATION: (No financial assistance)** I request participation in the HRPP community home nursing. I reside in the State of Arizona and my infant meets the HRPP criteria. Reason for partial/late enrollment:

Sibling of eligible infant   
  Enrollment Hospital never offered program   
  Parent originally declined participation  
 Out of state NICU   
  Name of Neonatologist/Pediatrician recommending follow-up: \_\_\_\_\_

**FULL PARTICIPATION: (Note: 'None' and 'Healthcare Sharing Plans' are only eligible for Partial Participation)** I understand that by choosing full participation I can receive in-home follow-up visits from a community health nurse to assess my baby's developmental needs for up to three years and in addition, I may receive financial assistance for inpatient hospital care and transport to another hospital should my baby need it. Continue below.

I authorize the release of any necessary medical, social and financial information held by any institution or individual that provided newborn services to my child to the Arizona Department of Health Services (ADHS) and to their contracted providers as part of my participation in the High Risk Perinatal Program. ADHS will only request, enter, and or use necessary medical, social, and financial information to complete the task at hand to accomplish the intended purposes of: program enrollment/verification, medical claims coordination, HRPP ETO statewide data collection and reporting as well as for program improvement purposes.

X \_\_\_\_\_  
 Signature of Parent/Guardian/Responsible Person requesting enrollment Date

**FINANCIAL WORKSHEET FOR FULL PARTICIPATION ONLY**

When choosing *Full Participation*, you may be responsible for part of the bills. The amount you must pay out of pocket is called *Family Liability* and is based on the information below which sets limits on the amount contracted medical providers can bill you after they bill your insurance company. There is no cost protection from providers who are not contracted.

DETERMINING FAMILY FINANCIAL LIABILITY	
# IN HOUSEHOLD (newborn/parent(s)/siblings)	
Parent 1 Annual Income (before taxes)	\$
Parent 2 Annual Income (before taxes)	\$
Other Annual Income (before taxes)	\$
<b>TOTAL GROSS ANNUAL INCOME:</b>	<b>\$</b>
Subtract medical expenses (over \$2,000)	\$
<b>FAMILY FINANCIAL LIABILITY =</b>	<b>\$</b>

**Directions:**  
 Your family financial liability is determined by the number of individuals living in your home plus your annual income, then charted on a matrix. If you payed more than \$2,000 out of pocket for medical expenses the past year up to your baby's date of birth, you may want to 'itemize' (list all medical expenses in detail). That total will then be subtracted from the total income to determine your family liability.

ITEMIZED EXPENSES	
i.e.: infertility costs, medical supplies, surgeries, deductibles, prescriptions etc.	
Medical insurance premiums (deducted from paycheck)	\$ _____
Medical copays/deductibles	\$ _____
Prescriptions	\$ _____
Labs & other testing charges	\$ _____
Vision Care (glasses)	\$ _____
Medical Supplies	\$ _____
Surgery Charges	\$ _____
<b>Total Expenses:</b>	<b>\$ _____</b>

I hereby request financial assistance for payment of expenses for care in the hospital NICU or SCN and/or transport in accordance with the policies of the ADHS. I agree to have my newborn on my third party and/or AHCCCS plan from date of birth and maintain such insurance and understand that failure to do so will result in denial of HRPP financial assistance. I shall assist all providers to obtain 3rd party payments. I have completed the HRPP Financial Worksheet, and will receive a copy from the hospital representative after signing below. I understand that financial assistance is not available for out-of-state hospital, out-of-state physician care, or care through non-contracted hospitals. I understand that if my household income changes during the first 60 days from my newborn's date of birth, I may contact the hospital interviewer to complete a revised financial worksheet. Any revisions must be received by ADHS within 90 days from infant's date of birth. I agree to fulfill any HRPP family liability.

X \_\_\_\_\_  
 Signature of Parent / Guardian / Responsible Person Date Relationship to Newborn

**AUTHORIZING HOSPITAL REPRESENTATIVE:** I certify that this child meets the enrollment criteria of the HRPP.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

# High Risk Perinatal Program



## HOSPITAL USER TRAINING GUIDE Version 2

October 2019



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

PREVENTION SERVICES

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## CHAPTER 1. INTRODUCTION TO ETO

### Integrated Reporting

The Arizona Department of Health Services (ADHS) procured Social Solutions for the Efforts to Outcomes (ETO) Software. The ADHS has developed this training manual to accompany the End User Training so that the High Risk Perinatal Program (HRPP) programs have an overall understanding of the data entry processes within ETO.

### About ETO

ETO is a custom-fit performance management software, which is designed to help staff better understand program operations, monitor outcomes, and ultimately, help programs to continue to produce and track positive outcomes. Performance management involves regular, ongoing performance measurement, reporting, analysis, and program modification.

### ETO Terminology

Below are commonly used terms in the ETO system:

- **HRPP AZ ETO** - The HRPP AZ ETO is the statewide ETO data system for the High Risk Perinatal Program.
- **Program** - Each HRPP contracted agency, transport company, hospital, or community health nursing agency, is called a Program in ETO.
- **Participant** - The Participant is the infant served by HRPP. The data being worked with in ETO will be attached to participants. The infant's record is the primary record; parents and siblings are attached to the infant's record.
- **TouchPoint** - TouchPoints are a data entry screen used to capture information from participants, track program participation, and measure participant progress. Any data beyond demographics is captured with TouchPoints. TouchPoints reflect the forms used in the program.
- **Dismiss** - When a participant is no longer being served by the program, they may be dismissed from that program in ETO using this feature. Dismissed participant records are not deleted; a dismissed participant may be re-enrolled with the Enroll Participant feature at any time.
- **Refer** - Upon discharge, a referral will be made to a hospital or CHN. This referral will give the recipient the ability to view the participant's file.

### Program Specific Terminology

Please use the following format when entering these data fields:

- **Last Name and/or Family Name:** This should match the infant's last name as designated by the parents upon enrollment, if different than the hospital label.
- **Alias Last Name:** This should match the name given on the hospital label.
- **Case Number:** This is equivalent to the participant's HRPP number. This number is generated by the ETO system once the participant has been enrolled into the program.

- **Medical Record Number:** This is a number generated by the hospitals to identify a patient.
- **Case Number:** This is a number generated by ETO that is unique to the participant. The Case Number will replace the “NICP Number”. This is the number that participants will use to identify their participation in the program to providers.
- **4-Digit HRPP Staff Code:** Each staff member that has access to the HRPP AZ ETO system will be given a unique 4-digit code that will be entered at the end of all Demographic information entered, each TouchPoint completed, and the referrals submitted.

#### ETO Symbols

“**Take Action**” is a function that will be seen throughout the HRPP AZ ETO site associated with Participant data recorded via TouchPoints (discussed in Chapter 5) or Referrals (discussed in Chapter 6).

The following symbols allow you to:



**View:** This icon will allow you to view the referral information along any notes and attachments provided from the referring program.



**Accept:** Selecting this icon will enroll the participant into the program/agency and allow you to begin adding TouchPoints. Once a referral has been accepted, you will be able to find this participant using the “Quick Search” bar at the top of the page.



**Reject:** If this icon is selected the participant will not be enrolled into the program/agency.



**Redirect:** Selecting this icon will allow you to redirect the referral to another program/agency if necessary.



**Report:** This icon will allow the user to view the referral as a printable report.



This icon pencil will allow you to edit the TouchPoint or referral linked to the Participant.



In regard to TouchPoints, this icon will allow you to “Add Similar”.



Selecting this icon will give you the option to delete the record.

#### Quick Tip Symbols



The tip symbol found throughout this manual provide you with helpful tips for entering data, quick links in ETO, and other important reminders.



This symbol allows the reader to match the step being described in the manual to the location of action in ETO.

## Technology

ETO functions work best when using Internet Explorer rather than Google Chrome. It is recommended to change your computers Compatibility View Settings (Press F10 to bring up your browsers tool bar, click tools, and select Compatibility View Settings from the drop-down menu). Uncheck the box next to "Display Intranet sites in Compatibility View.

## Support Resource for ETO Users

**AZ ETO Help Desk** – The Wellington Group is staffing a Help Desk for HRPP AZ ETO Users. This Help Desk is designed to answer questions about entering data into ETO. All inquiries will be responded to within 24 hours from receipt.

**The AZ ETO Help Desk may be reached at: (480) 665-8669 or by email at:**  
[azetohelpdesk@wellingtongroupconsulting.com](mailto:azetohelpdesk@wellingtongroupconsulting.com).

## CHAPTER 2. Basic ETO Navigation

### Logging into ETO

ETO users will be designated as either Program Manager or Staff Level access to the HRPP AZ ETO site. The HRPP Program Director will provide to the Hospital Liaison new user log-in information upon request.

Open your Internet browser to access the ETO website at: <https://www.etosoftware.com>.

1. Enter your **email address** as your Username.
2. Your **password** to login for the first time will be provided to you.
3. Click the “**Log In**” button.
4. The **first time** you log in to your ETO account, you will be required to change your **password** and **accept the Terms of Use**. Confirm your information, complete any empty fields, and reset your password. **Your new password should have at least 6 characters with at least one number.**
5. Enter in your agency’s zip code.
6. Click the **Save** button to save your new password.
7. Once you have reset your password (after your first login), you will be taken to the ETO Home Page, from which you can navigate through the system.



Username:

HRPPHospitalTest@example.com

2.

Password:

••••••

3.

Log In

4.

[Forgot your password?](#)

Guest/Entity Login

5.

First Name:	HRPP
Last Name:	Hospital
Zip Code:	
Email Address:	HRPPHospitalTest@example.com
Time Zone:	-- Select --
New Password:	
Confirm Password:	

I agree to the Social Solutions [Terms of Use](#).

Cancel Save

6.



## Welcome!

Please confirm your information and reset your password to the left.

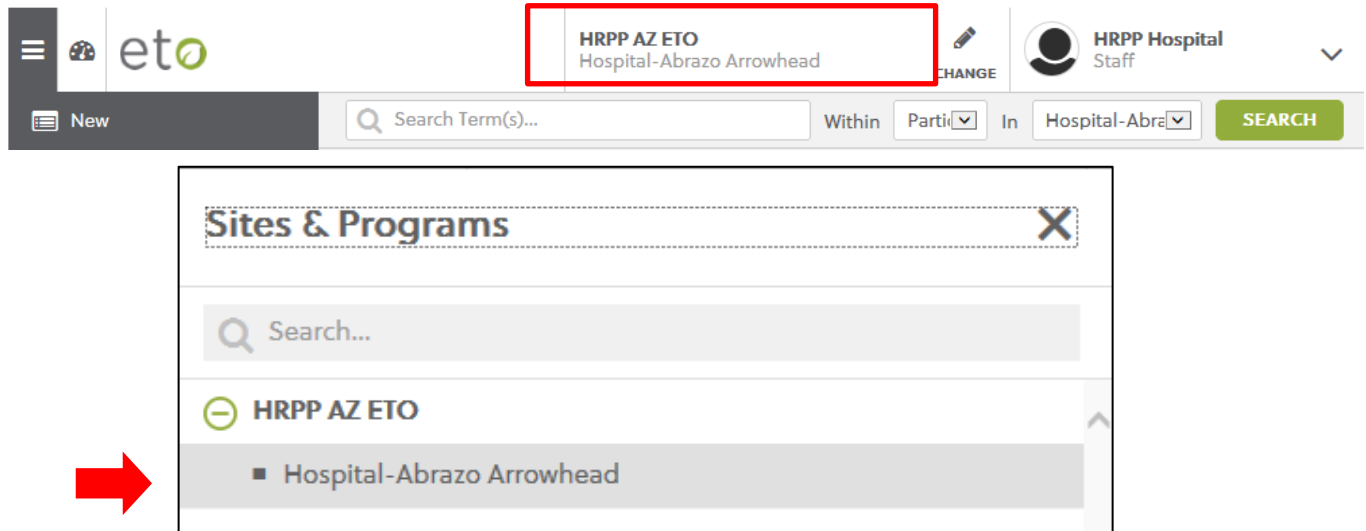
If you're brand new to ETO or are just looking to learn more, sign up for our Introduction to ETO eLearnings by registering for the Social Solutions Academy [here](#) and entering code **ETO End User**.

Performance management is about understanding the impact of your efforts and using this knowledge to continuously improve your performance. Social Solutions is ready to help you with your ETolution!

Social Solutions

## Selecting Your HRPP Program Site

When you log into ETO, you will be taken to the HRPP AZ ETO Home Page. If you are assigned access to other programs (i.e., more than one hospital or home visiting program) you will access them by clicking on “CHANGE” or the Program name in the box at the top left corner (the words will turn yellow). A box will pop-up listing the programs you have access to. Select the desired program to be taken to that Program’s Homepage.

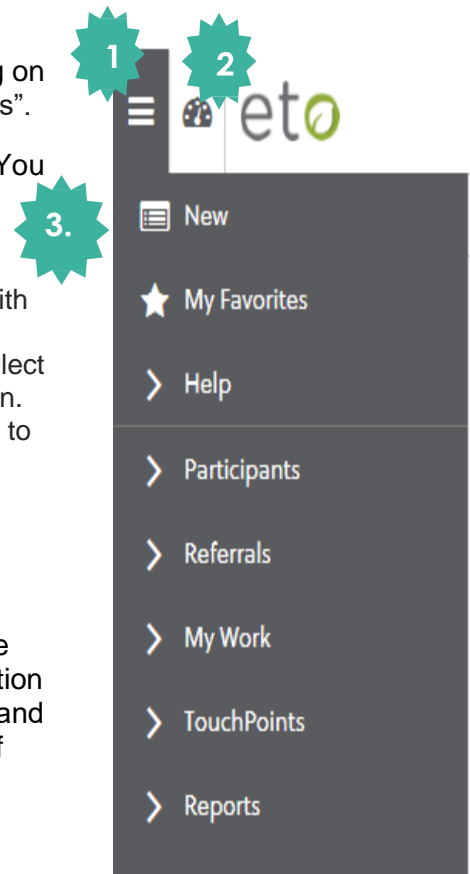


## Navigation Bar

The **Navigation Bar** is the grey bar located on the left side of the screen. Each **Navigation Bar** option can be expanded by clicking on the category name, such as “Help”, “Participants”, or “TouchPoints”.

Once selected, **sub-topics** related to each category will appear. You can collapse (minimize) and re-open the different categories, as needed, by selecting the category name.

1. The Navigation Bar can be collapsed by pressing the icon with the three bars in the top right hand corner.
2. To get to My Dashboard (discussed further in Chapter 3), select the dashboard icon on the top right hand corner of the screen.
3. New is a quick link to a screen that gives the user the option to “Add Participant” or “Add Family”.
4. My Favorites allows the user to further customize their ETO sites by adding features and recent functions to an easily accessed area.
5. Help
  - **Help Manual** will open up a new tab with ETO Software resources such as frequently asked questions. Information about “Popular Topics” (i.e. Participants, TouchPoints, and Dashboards) can be accessed on the right hand side of the screen. Each topic is broken down in detail when selected.
  - **Support** opens up a new tab that will allow the user to contact Social Solutions Customer Support via phone or email.



## Navigation Bar Categories

### 6. Participants:

- **Add New Participant** allows the user to add a new participant into ETO. This is the function that will be used to begin the enrollment process for new HRPP Participants (except for multiple births).
- **Add New Family** opens the Add New Family page. This function will be used to begin the enrollment process for multiple births (ie. twins, triplets) into ETO.
- **View/Edit Participant** allows the user to view and edit the demographics of a participant in ETO.
- **Dismiss Participants** opens a new page that allows the user to search for participants to be dismissed from the current program.

### 7. Referrals (further discussed in Chapter 6):

- **Add Referral** opens a new page that allows you to search and choose a participant within your program to refer to another program.

### 8. My Work:

- **My Dashboard** this link will take the user to the Staff Dashboard/My Dashboard (further discussed in Chapter 3).
- **Manage Personal Settings** provides the user with options such as “Auto Collapse Navigation Bar” and “To Do List Defaults” to further customize their ETO site.

### 9. TouchPoints:

- **Record TouchPoints**: This link is the same as the “Record TouchPoint” button at the top of your Dashboard. Click to record a TouchPoint (a TouchPoint is equivalent to the program enrollment forms).
- **View Participant TouchPoints**: This link is the same as the “View Participant TouchPoints” button at the top of your Dashboard. Clicking this link will open a search function, allowing you to search for a Participant. Select the Participant’s name to view a list of TouchPoints completed for that Infant/Infant/Child and affiliated family members.

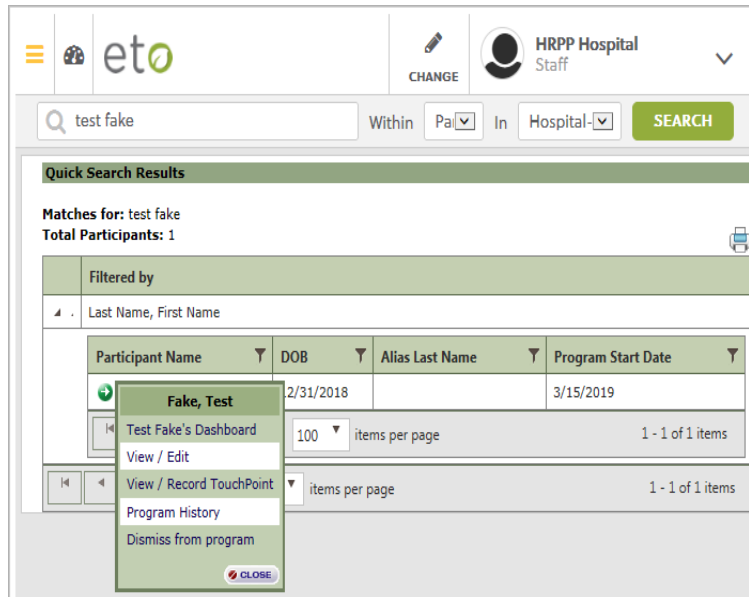
## Quick Search

The Quick Search toolbar is always visible from all ETO screens. The page in ETO will automatically change once the “Search Term(s)” are entered.



To search for a specific **Participant**, enter the Participant’s Last Name, Case Number, Date of Birth, or Medical Record Number in the box that says “Search Term(s)” and click “Search.” The search will be limited by participants **within** the current program.

The user will be redirected to a screen that looks similar to the image on the right. Click on the Participant’s name and a box will pop up, providing links to access the **Participant’s Dashboard**, **View/Edit**, **View/Record TouchPoint**, **Program History**, and **Dismiss from program**.



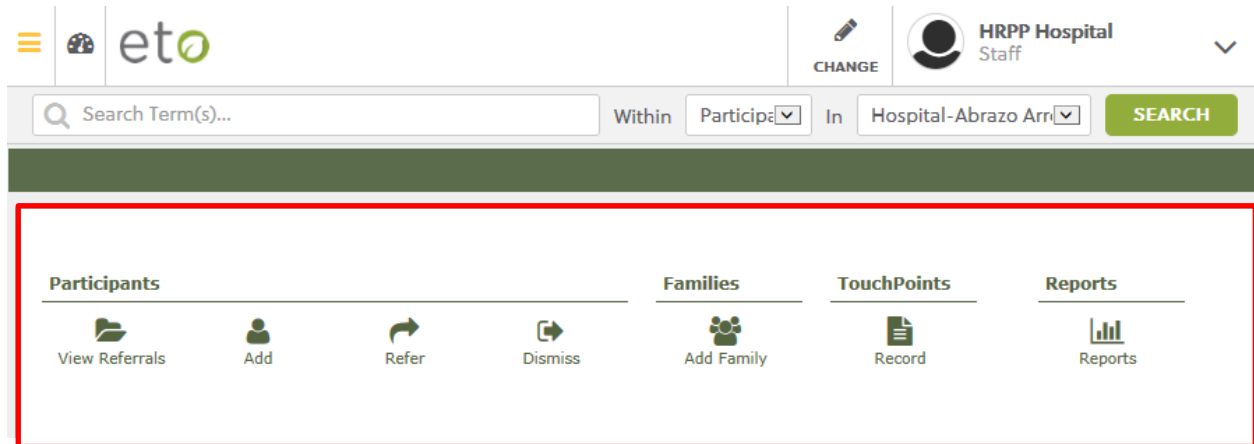
To see all active Participants within your Program, leave the search bar empty and click “Search.”

## CHAPTER 3. ETO Dashboards

### My Dashboard Features

**My Dashboard/Staff Dashboard** is customized to provide quick access to commonly used functions for entering data into ETO. My Dashboard provides the user with an easy way to navigate through ETO to complete data entry tasks (i.e., adding a TouchPoint) for participants. **My Dashboard** can be reached at any page in the ETO site by selecting the dashboard icon on the top left hand corner.

1. The top portion of **My Dashboard** provides quick access to links to add and manage participant data.



2. **Recent TouchPoints** – The Recent TouchPoints box shows a snapshot of your recently completed or updated TouchPoints. Information shown includes the Program Name, the Participant's name, the status of the TouchPoint (it will say "Pending" if the TouchPoint was not completed and saved as a draft), and the "Date Completed". You can also add a new TouchPoint for any participant or affiliated person (i.e., parent/guardian) by selecting "New" at the bottom of this box.

The screenshot shows a table titled 'Recent TouchPoints' with a red-bordered box around the 'My Recent TouchPoints' header. The table has seven columns: 'Take Action', 'TouchPoint', 'Program', 'Name', 'Subject Type', 'Status', and 'Date Completed'. There are two rows of data, both showing 'A. Parent/Guardian Profile' as the TouchPoint, 'Hospital-Abrazo Arrowhead' as the Program, 'Fake\_Test' as the Name, 'Participant' as the Subject Type, and '3/15/2019' as the Date Completed. Below the table is a '+ New' button.

Take Action	TouchPoint	Program	Name	Subject Type	Status	Date Completed
	A. Parent/Guardian Profile	Hospital-Abrazo Arrowhead	<a href="#">Fake_Test</a>	Participant		3/15/2019
	A. Parent/Guardian Profile	Hospital-Abrazo Arrowhead	<a href="#">Fake_Test</a>	Participant		3/15/2019

[+ New](#)

3. **Recent Referrals** – The Recent Referrals Section shows the five most recent referrals made to your program. Information shown includes, which program referred the participant, the date of the referral, and the referral status. If the referral has already been accepted you will only be able to view the referral.

Recent Referrals (NEW)

**My Recent Referrals**

Take Action	Name	Referred By	Referral Type	Referral Form	Referring Site   Program	Destination Program	Services Needed	Referring Date	Program Start Date	Approval Status	Referral Status
	Fake, Child 5	Staff Tester, HRPP	Program	HRPP - ETO Program Referral	HRPP AZ ETO   Hospital-Tucson Medical Center TMC	CHN-AASK		12/19/2018	12/19/2018	None	Pending
	Fake, Child 4	Staff Tester, HRPP	Program	HRPP - ETO Program Referral	HRPP AZ ETO   Hospital-Banner Unv Med Ctr (BUMC-P) (frm. G. Sam)	CHN-Southwest Human Development		12/19/2018	12/19/2018	None	Pending

4. **Recent Participants** – This box shows the five most recent participants for whom you have entered into ETO. Click on a Participant’s name to access their Participant Dashboard.

**Recent Participants/Entities**

**Recent Participants**

**Name**  
[Westerly Fake](#)  
[Test Fake](#)

## Participant Dashboard Features

The Participant Dashboard is customized to provide quick access to information about a participant. The parent/guardians are attached to the participant's record in ETO. This dashboard is specific to each participant served by the HRPP. All sections on the Participant Dashboard can be collapsed or expanded by pressing the "+" or "-" in the top right hand corner of the section. The button, "+ New", at the bottom of the sections can be used to create a new corresponding TouchPoint. The "Take Action" icons allow you to view, edit, add similar, or delete the TouchPoints already completed.

The screenshot shows the 'Test Fake's Dashboard' with the following sections and callouts:

- 1. Participant Information:** Displays personal details for 'Test Fake', including address, DOB, and gender. A 'View/Edit Participant' link is at the bottom.
- 2. Hospital Discharge Summary:** Shows a table with columns for Take Action, Program, Date Last Updated, NICU/SCN Discharge Date, and Discharged/Transferred To.
- 3. Parent/Guardian Profile:** Lists parent/guardian information with columns for Take Action, Date Completed, Individual's Relationship to Child, First Name, Last Name, Contact Preference, and Primary Phone.
- 4. Enrollment Form:** Displays enrollment details with columns for Take Action, Program, Status, I request the following level of Participation, and Infant's Insurance Coverage Type.
- 5. Financial Worksheet:** Shows financial data with columns for Take Action, Program, Status, Household Size, Adjusted Gross Income, and HRPP Family Liability taken from the ADHS Family Liability Table.
- 6. Action Links:** Includes a 'Links' section with 'Record TouchPoints' and 'Dismiss Participants' options.
- 7. Programs:** Lists programs with columns for Program Name, Start Date, End Date, and Reason for Dismissal.
- 8. Multiple Birth Tracking:** Shows tracking information with columns for Take Action, Date Completed, Sibling A, Sibling B, and Sibling C.
- 9. My Recent Referrals:** A table of recent referrals with columns for Take Action, Name, Referred By, Referral Type, Referral Form, Referring Site | Program, Destination Program, Services Needed, Referring Date, Program Start Date, Approval Status, and Referral Status.

- Participant Information** at the top left hand corner of the participant's dashboard will show important demographic information. All demographic information can be viewed or edited by selection "View/Edit Participant" at the bottom of this section.
- Hospital Discharge Summary** on the left hand side displays when and where the participant was discharged/transferred to.
- Parent/Guardian Information:** This section will display the participant's parent/guardian information.
- Request for Participation:** The participant's Level of Participation in the Program and their insurance coverage type is displayed here.

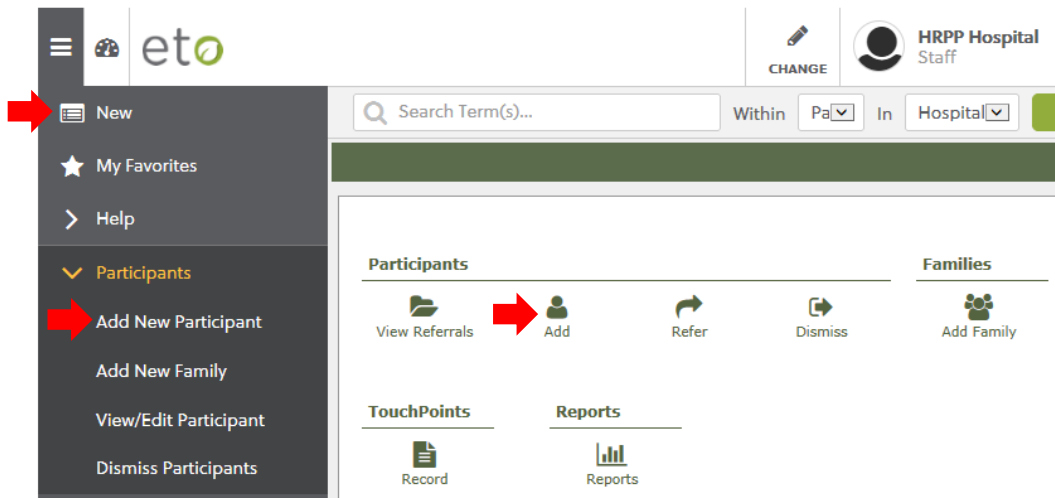
5. **Financial Worksheet:** This section displays the participant's Family Liability.
6. **Action Links:** This section provides quick links to perform commonly used actions on the participant.
7. **Programs:** This section will show the participant's enrollment status for different programs across the HRPP AZ ETO site.
8. **Multiple Birth Tracking** - Participants who were multiple births (ie. twins, triplets, etc.) will have their siblings listed in this section, if applicable.
9. **Recent Referrals:** The participant's recent referrals are displayed in this section. The status of the referral can be seen here.

## CHAPTER 4. Adding Participant Demographic Information

### Adding a New Participant

Adding a new participant is the first step to the HRPP enrollment process in ETO for **single births**. For multiple births (ie. twins, triplets, etc.) the “Add Family” function will be used (discussed in the next section). There are numerous ways to do this:

- Select “Add” under the **Participants** section on **My Dashboard**
- Select “Add New Participant” under “Participants” on the **Navigation Bar**
- Select “New” on the **Navigation Bar** and press “Add Participant”



After the participant’s demographic information is submitted, additional types of data, such as TouchPoints, can be attached to the record. The demographic information entered into ETO is based off the HRPP Enrollment Form Page 1.

**Program Enrollment**

Enroll in Program

Program Start Date \*

**Add New Participant**

First Name \*

Middle Name

Last Name \*

Alias Last Name

Multiple Birth Identifier

DOB

Gender

Address 1

Zip Code

Ethnicity

Race

American Indian/Alaskan Native

Asian

Black/African American

White

Native Hawaiian/Pacific Islander

Bi-Racial/Multi-Racial

Unknown

Birth Hospital

Tribal Affiliation

Reservation

Directions to Home

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
Health and Wellness for all Arizonans

**HIGH RISK PERINATAL PROGRAM (HRPP) ENROLLMENT FORM page 1**

The State of Arizona established a High Risk Perinatal Program to provide a system of Transportation, Hospital, Medical, and Follow-up for high risk newborns whose parents reside in Arizona. This program also assists qualified families with catastrophic costs related to newborn intensive care.

**INFANT DEMOGRAPHICS**

First Name\* (For multiples, include all names i.e. One 864/Two 888)

Middle Name

Last Name\*

Alias Last Name (you should match the name on the hospital label)

Multiple Birth Identifier (duos = A & B, Triplet = A, B, C, etc.)  
i.e. Baby Boy A = 88A, Baby Girl B = 88B

DOB\*

Gender\*

Address

Zip Code\*

Ethnicity

Race

American Indian/Alaska Native  Asian

Black/African American  Bi/Multi-Racial

Native Hawaiian/Pacific Islander  White

Birth Hospital\*

Tribal Affiliation - If applicable

Reservation - If applicable

Directions to Home - If applicable (for tribal land only)

**MOTHER'S PROFILE**

Is Mother the Primary Caregiver?  Yes  No

Mother's First Name\*

Mother's Last Name\*

Mother's Alias Last Name/Maiden Name

DOB - Mother\*

Contact Preference  Call  Text  Email

Primary Phone\*

Secondary Phone\*

Email

Race - Mother\*

American Indian/Alaska Native  Asian

Black/African American  Bi/Multi-Racial

Native Hawaiian/Pacific Islander  White

Ethnicity - Mother\*

Hispanic/Latino  Not Hispanic/Latino

Marital Status - Mother\*

Never Married  Married  Divorced

Living Together  Separated  Widowed

Highest Grade Completed - Mother\*

< 8<sup>th</sup>  9-11th  HS Grad/GED

2yr College  4yr College  4yr + College

**PARENT/GUARDIAN PROFILE**

Is this Person the Child's Primary Caregiver?  Yes  No  DCS Involvement

Individual's Relationship to Child\*

Father's Name:

Relative (specify):

Non-Relative (specify):

Primary Phone\*

Secondary Phone

Email

Address

Zip Code


All required fields are marked with a red asterisk.

- **Program Enrollment:** “Enroll in Program” is checked by default, this should remain selected. The “Program Start Date” will prepopulate with today’s date.
- **Last Name:** This should be the participant’s last name as designated by the family. This will be the participant’s last name once they leave the hospital.
- **Alias Last Name:** This should match the name given on the hospital label (if last name is the same as hospital label leave this field blank).
- **Multiple Birth Identifier:** This does not need to be filled in for single births.
- **Tribal Affiliation:** If this is not applicable, leave this question as “—Select—”.
- **Reservation:** If this is not applicable, leave this question as “—Select—”.

Click the “Save” button to save this record in ETO. (NOTE: Do not use the keyboard’s “Enter” key to enter information.) A box will pop up to indicate that the record was successfully added. Click “Ok.” You will be redirected to the **Parent/Guardian Profile TouchPoint** (to be discussed in Chapter 5).

**Program Enrollment**

Enroll in Program

Program Start Date \*  

**Add New Participant**


First Name \*

Middle Name

Last Name \*

Alias: Last Name

Multiple Birth Identifier \*

DOB \*  

Gender \*

Address 1 \*

Zip Code \*  -

Race \*

- American Indian/Alaskan Native
- Asian
- Black/African American
- White
- Native Hawaiian/Pacific Islander
- Bi-Racial/Multi-Racial
- Unknown

Ethnicity \*

Birth Hospital \*

Tribal Affiliation

Reservation

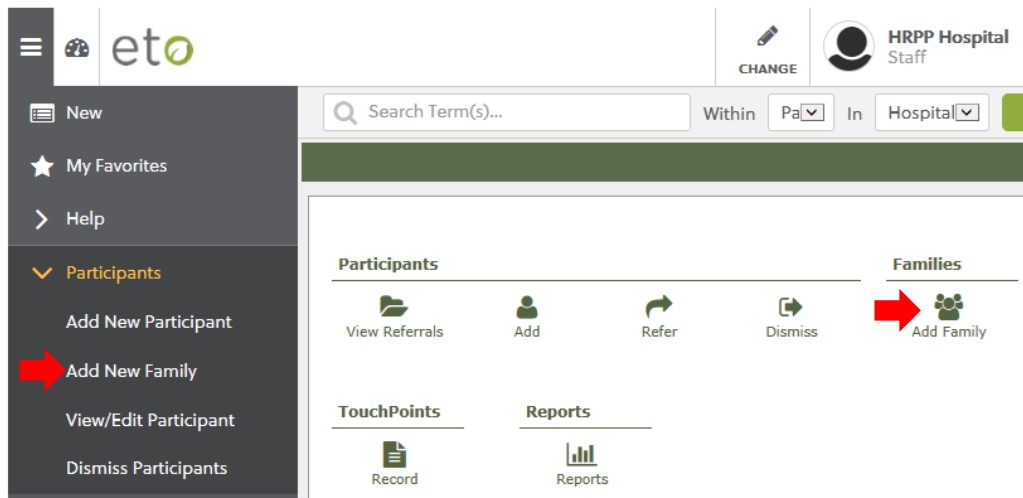
Directions to Home

Medical Record Number

## Adding a New Family

In the case of multiple births (ie. twins, triplets, etc.), the “Add Family” function in ETO will be used. There are numerous ways to do this:

- Select “Add Family” under the **Families** section on **My Dashboard**
- Select “Add New Family” under “Participants” on the **Navigation Bar**



All required fields are marked with a red asterisk.

- The **Participant Demographic Information** section is where you will add in the participant's "Family Name". This should match the infant's last name as designated by the parents upon enrollment.
- Under the **Family Member** section you will click on the drop down menu for "Click to Add Family Member by Family Relationship". Select "Child" from the drop-down menu.
- **Head of Household:** Do not check this box.
- **Last Name:** This should be the participant's last name as designated by the family. This will be the participant's last name once they leave the hospital.
- **Alias Last Name:** This should match the name given on the hospital label.
- **Multiple Birth Identifier:** Twins will be identified with an "A" or "B", triplets will be identified with an "A," "B," or "C," and so on. Baby Boys will be identified with "BB" followed by their letter identifier. Baby Girls will be identified with "BG" followed by their letter identifier. (ie. Baby Boy A = BBA, Baby Girl B = BGB).

- **Tribal Affiliation:** If this is not applicable, leave this question as "—Select—".
- **Reservation:** If this is not applicable, leave this question as "—Select—".

To enter the second birth, select "Click to Add Family Member by Family Relationship" and select "Child" as done for the first birth. Fill out the demographic form. Repeat this as necessary. **DO NOT select any other family member other than "Child" and enter their demographic information here.**

Click the "Save" button to save this record in ETO. (NOTE: Do not use the keyboard's "Enter" key to enter information.) A box will pop up to indicate that the record was successfully added. Click "Ok." You will then be redirected to the **Multiple Birth Tracking TouchPoint** (to be discussed in Chapter 5).

## View/Edit Participant Demographics

From the **Navigation Bar**, click on View/Edit Participant Demographics, under the **Participants** tab. To view all participants in your site, leave the box empty and click "Search." To search for a dismissed participant, check the box next to "Include dismissed participants in results."

To select a participant, hover the mouse over the selected participant's name and it will become a clickable link. You will then be redirected to the "Edit Participant" page.

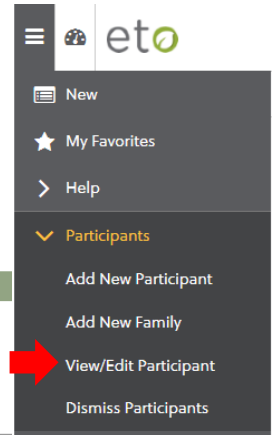
### View/Edit Participant

To see **all Participants** leave the box empty.

Include dismissed participants in results

Name	Case Number
<input type="text"/> <input type="button" value="Filter"/>	<input type="text"/> <input type="button" value="Filter"/>
Fake, FAKERSON	19971
Fake, Test	20103
Fake, Westerly	20102

Page size: 250 3 items in 1 pages



**Filter** Search results can be filtered by a participant's name or by Case Number. Type the search criteria in the corresponding filter box and click the "filter" icon to select the appropriate search parameter (e.g., equal to, contains, starts with).

Name	Case Number
<input type="text" value="Fake"/> <input type="button" value="Filter"/>	<input type="text"/> <input type="button" value="Filter"/>
Fake, FAKERSON	NoFilter
Fake, Test	Contains
Fake, Westerly	DoesNotContain
	StartsWith
	EndsWith

s in 1 pages

**Edit Participant:** From this page, you can edit any information and click "Save" at the bottom of the page to save changes to this record.

This page also provides buttons to access the **Participant's Dashboard**, an **Audit Report**, and the participant's **Program History** data.

- **Audit Report:** This report tracks changes that have been made to a participant's demographic information. It will list the "Old Value" and "New Value" along with the date the change was made.
- **Program History:** This will list the programs the participant has previously been enrolled in, or is currently enrolled in.

**Edit Participant**

[Audit Report](#) [View James Fak's Dashboard](#)

[Program History](#)

Status: **Currently Enrolled**

Child Resides with this Adult

Yes/True

No/False

[Clear Selection](#)



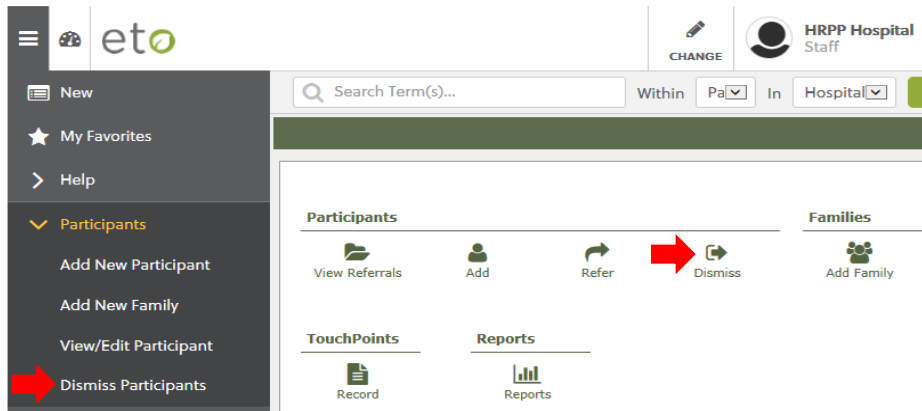
To print the participant's demographics, right click the page using the computer mouse and select "Print".

## Dismiss Participants without Referral

The **only situation** when a participant will be dismissed from the program without referral is if they have expired after they were already enrolled into ETO and a bereavement visit is not offered, OR the participant was enrolled but will be moving out-of-state with an adoption or foster family. Once a participant has been dismissed, they will no longer show up in quick search results. If a participant is dismissed by accident, contact the Help Desk to have the participant re-enrolled.

There are numerous ways to dismiss a participant:

- Select “Dismiss” under the **Participants** section on **My Dashboard**
- Select “Dismiss Participants” under the “Participants” on the **Navigation Bar**



The user will then be prompted to search for a participant.

- To select the participant that is going to be dismissed, press the box to the left of their name.
- Enter the “Program End Date” and appropriate “Dismissal Reason” and select “Dismiss Participant”.

**Dismiss Participants from Hospital-Abrazo Arrowhead**

Search for Participants in HRPP AZ ETO by last name and/or first name, Social Security Number, case number, or family name. To see **all Participants** leave the boxes empty.  
1. Enter search criteria. 2. Select participant(s) to dismiss. 3. Enter dismissal information; if multiple participants are selected with different dates, finish on the following page.

Last Name:   
First Name:   
or  
SSN:   
or  
Case Number:   
or  
Family Name:

Below are all Participants who are currently enrolled in **Hospital-Abrazo Arrowhead** with last name like 'fake' and first name like 'test'.

<input type="checkbox"/>	Participant	Age	Case Number	DOB	SSN
<input checked="" type="checkbox"/>	Test Fake		27206	3/1/2019	
<input type="checkbox"/>	TestTwin Fake		27190	1/1/2019	
<input type="checkbox"/>	TestTwin Fake		27191	1/1/2019	

Page size: 25 3 items in 1 pages

\* Program End Date:   
\* Dismissal Reason:

- To dismiss more than one participant at a time, select the boxes next to the desired participant's names to be dismissed.
- Select either "Dismiss selected participants with different program end dates" or "Dismiss selected participants with the same program end dates"
- The user will then be prompted to enter the "Program End Date" and "Reason for Dismissal" for the participants.

**Dismiss Participants from Hospital-Abrazo Arrowhead**

Search for Participants in HRPP AZ ETO by last name and/or first name, Social Security Number, case number, or family name. To see **all Participants** leave the boxes empty.  
 1. Enter search criteria. 2. Select participant(s) to dismiss. 3. Enter dismissal information; if multiple participants are selected with different dates, finish on the following page.

Last Name:   
 First Name:   
 or  
 SSN:   
 or  
 Case Number:   
 or  
 Family Name:

**Below are all Participants who are currently enrolled in Hospital-Abrazo Arrowhead with last name like 'fake' and first name like 'test'.**

<input checked="" type="checkbox"/>	Participant	Age	Case Number	DOB	SSN
<input checked="" type="checkbox"/>	TestTwin Fake		27190	1/1/2019	
<input checked="" type="checkbox"/>	TestTwin Fake		27191	1/1/2019	

Page size: 25 2 items in 1 pages

Dismiss selected participants with different program end dates  
 Dismiss selected participants with the same program end dates

Another way to dismiss a participant is to:

- Search for a participant and select "Dismiss Participants" under the Action Links section on the top right hand corner of the **Participant Dashboard**

eto HRPP AZ ETO Hospital-Abrazo Arrowhead HRPP Hospital Staff

test fake Within Participants In Hospital-Abrazo Arrowhead SEARCH

**Test Fake's Dashboard**

**Participant Information**

Test Fake

First Name: Test  
 Last Name: Fake  
 Address1: 123 W. Main St.  
 Zip Code: 85007

**Parent/Guardian Profile**

Take Action	Date Completed	Individual's Relationship to Child	First Name	Last Name	Contact Preference	Primary Phone
	1/1/2019	Father	FakeTest	Fake	Cell	(555)

**Action Links**

Links

Record TouchPoints  
Dismiss Participants

## CHAPTER 5. HRPP AZ ETO TouchPoints

A TouchPoint is ETO's term for a tool that captures data collected with the participant, as well as data about the parent/guardians and siblings affiliated with the participant. The TouchPoints configured for HRPP AZ ETO correspond to data that is collected on the HRPP enrollment forms.

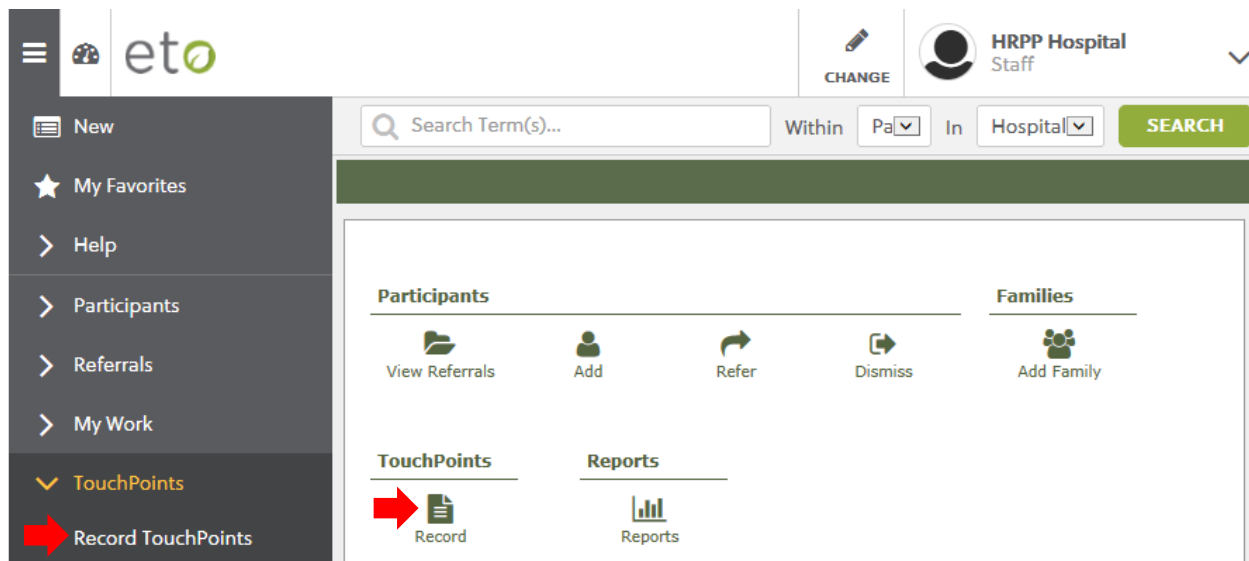
When a participant's demographic information is entered for a single birth, the user will automatically be directed to the Parent/Guardian Profile TouchPoint. When a participant's demographic information is entered for a multiple birth using the "Add Family" function, the user will automatically be directed to the Multiple Birth Tracking TouchPoint.

If the user previously entered the participant's demographic information, a TouchPoint can be recorded for any participant by:

- Selecting "Record" under the **TouchPoints** section on **My Dashboard**
- Selecting "Record TouchPoints" under the "TouchPoints" tab on the **Navigation Bar**

The user will then be directed to the **Record TouchPoint** screen with a drop-down menu that lists the four possible TouchPoints.

- Searching for a participant and selecting "Record TouchPoints" under the Action Links section on the top right hand corner of the **Participant Dashboard**



There are four Hospital TouchPoints:

1. A. Parent/Guardian Profile
2. B. Enrollment Form
3. C. HRPP Discharge Summary
4. Multiple Birth Tracking (only to be completed for multiple births)



If you are unable to fully complete any of the TouchPoints, you can click "Save as Draft" at the bottom of the page. This will save the TouchPoint and put it under the "Recent TouchPoints" box on the Participant's dashboard with the status marked as "Draft". The participant TouchPoint will not be accounted for until the TouchPoint is **fully completed** and **saved**

## Participant vs. Family TouchPoints

A participant TouchPoint can only be recorded for one participant at a time whereas a family TouchPoint can be recorded for multiple participants that were enrolled using the “Add New Family” function. When selecting the following TouchPoints, the user will be prompted to “Select Subject Type” and choose either “Family” or “Participant”:

- Parent/Guardian Profile
- Enrollment Signature Form
- Multiple Birth Tracking

When “Family” is selected, the list of the current families will appear.

1. The TouchPoint will automatically default to “All”. When “All” is selected, the information entered will be collected for all members of the family.

The screenshot shows a web form titled "1. Parent/Guardian Profile for Fake on 6/12/2019". On the left, there is a list of family members: "Fake, Fake" (with a red circle and minus sign) and "Add" (with a green plus sign). The "All" option is selected, indicated by a red arrow. The main form area is titled "Parent/Guardian Profile" and contains the following fields:

- Instructions:** Use the 'Save and Record' similar button below to record a separate version of this TouchPoint form for each of the child's parents and/or guardians.
- Is this Individual the Child's Primary Caregiver? \***  Yes  No
- Individual's Relationship to Child \***
  - Mother
  - Father
  - DCS
  - Foster Parent
  - Grandmother
  - Grandfather
  - Relative
  - Non-Relative

2. The TouchPoint can be specialized to a particular member of the family by selecting that member's name on the list on the left hand side. Any information entered when the one family member is selected will only record that information on this participant's record.

The screenshot shows the same web form as above. In the left-hand list, the "Fake, Fake" entry is now selected, indicated by a red arrow. The rest of the form content is identical to the previous screenshot.

As the TouchPoint is completed, the user can toggle between the participant's names and “All” in order to specify the TouchPoint information. Once the TouchPoint is completed and saved, the information will show up on all of the family member's **Participant Dashboards**.

## 1. Parent/Guardian Profile

The Parent/Guardian Profile TouchPoint is the first TouchPoint that will be recorded for participants after their demographic information is added into ETO (with the exception of multiple birth participants; see the Multiple Birth Tracking TouchPoint section at the end of this chapter for further instructions). This TouchPoint captures the participant's parent/guardian demographic and contact information.

Required fields are marked with a red asterisk.

1. The date the parent/guardian completed and signed the HRPP Enrollment forms will be the date entered in this field.
2. **Is this Individual the Child's Primary Caregiver?:** Select "Yes" is the parent/guardian you are adding is the child's primary caregiver.
3. **Individual's Relationship to Child:** If "Mother" is selected, more demographic questions will appear. For the remaining relationships, the fields shown is the only information needed.
4. **Contact Preference:** Select the parent/guardian's preferred method of being contacted. If "Email" is selected, an email address must be entered.
5. **Address (if different than infant):** If the parent/guardian has a different address than the participant, it can be entered here.



Participant's with more than one parent/guardian will need to have each caregiver entered individually. "Save and Record Similar" at the bottom of the page will allow the user to save the information entered for one parent/guardian and enter the demographic information for another parent/guardian on a blank Parent/Guardian Profile TouchPoint.

Click the “Save” button to save this record in ETO. (NOTE: Do not use the keyboard’s “Enter” key to enter information.) A box will pop up to indicate that the record was successfully added. Click “Ok.” You will be redirected to a page that will allow you to record another TouchPoint.

The screenshot shows the ETO system interface. At the top, there is a search bar with the text "Search Term(s)..." and a "SEARCH" button. Below the search bar, there are filters for "Within", "Participa" (dropdown), and "In Hospital-Abrazo Arrow" (dropdown). The main content area is titled "Review TouchPoints" and contains a sub-section "Review TouchPoints for Fake, Test". There is a "TouchPoint Name" field with a dropdown menu. Below the dropdown, there is a list of touchpoints, including "A. Parent/Guardian Profile" with a "Take New" link. A red arrow points to a "Take New TouchPoint" button.

Select “Take New TouchPoint.” From the drop-down menu, select “2. Enrollment Form”

The screenshot shows the ETO system interface. At the top, there is a search bar with the text "Search Term(s)..." and a "SEARCH" button. Below the search bar, there are filters for "Within", "Participa" (dropdown), and "In Hospital-Abrazo Arrow" (dropdown). The main content area is titled "Record TouchPoint" and contains a "Select TouchPoint:" label followed by a dropdown menu with the text "-- Select a TouchPoint --".

## 2. Enrollment Form

The Enrollment Form TouchPoint will be completed to capture the participant’s level of participation choice, insurance type, and their financial information, if “Full” is selected.

The screenshot shows the "Request for Participation" form. It includes a "Date Signed" field with a date picker. Below this, there are sections for "Full (Includes financial assistance)", "Partial (No financial assistance)", and "Partial/Late Enrollment (No financial assistance)". There is a section for "I request the following level of Participation" with radio buttons for "Full", "Partial", and "Partial/Late". Below that is the "Infant's Insurance Coverage Type" section with radio buttons for "3rd Party Private", "AHCCCS", "KidsCare", and "None/Pending AHCCCS". There is also a "Financial Worksheet" section and a "Determination of Family Liability" section. At the bottom, there is an "Attach Level of Participation Document" section with a "Select" button.

The screenshot shows the "HIGH RISK PERINATAL PROGRAM (HRPP) ENROLLMENT FORM". It includes a "CHOICE OF PARTICIPATION" section with fields for "Infant's First Name", "Infants Last Name", "Alias Last Name", and "DOB". Below this, there are sections for "PARTIAL PARTICIPATION", "FULL PARTICIPATION", and "PARTIAL/LATE PARTICIPATION". There is a "FINANCIAL WORKSHEET FOR FULL PARTICIPATION" section with a table for "DETERMINING FAMILY FINANCIAL LIABILITY" and "ITEMIZED EXPENSES". The table for "DETERMINING FAMILY FINANCIAL LIABILITY" has columns for "IN HOUSEHOLD (resident/parent(s)/siblings)", "Parent 1 Annual Income (before taxes)", "Parent 2 Annual Income (before taxes)", "Other Annual Income (before taxes)", "TOTAL GROSS ANNUAL INCOME", "Subtract medical expenses (over \$2,000)", and "FAMILY FINANCIAL LIABILITY". The table for "ITEMIZED EXPENSES" has columns for "Determine Your Family Financial Liability" and "Total Expenses". Below the tables, there is a section for "I hereby request financial assistance for payment of expenses for care in the hospital intensive or intermediate care centers and/or transport in accordance with the policies of the Arizona Department of Health Services (ADHS). I agree to have my infant on my third party and/or AHCCCS plan from date of birth and maintain such insurance and understand that failure to do so will result in denial of HRPP financial assistance. I shall assist all providers to obtain 3rd party payments. I have completed the HRPP Financial Worksheet, and will receive a copy from the hospital representative after signing below. I understand that financial assistance is not available for out-of-state hospital, out-of-state physician care, or care through non-contracted hospitals. I understand that if my household income changes during the first 60 days from my newborn's date of birth, I may contact the hospital interviewer to complete a revised financial worksheet. Any revisions must be received by ADHS within 90 days from infant's date of birth. I agree to fulfill any HRPP family liability." There is also a section for "AUTHORIZING HOSPITAL REPRESENTATIVE" with fields for "Signature" and "Date".

1. Today's date will prepopulate in this field. It should not be changed.
2. The "Identifier" will auto-populate with the current program, this should NOT be changed. The "This is being completed by..." should be left blank.
3. **Date Signed:** This should be the date the parent/guardian completed and signed the HRPP Enrollment Forms.
4. **Insurance:** If "None" is selected, the "Full" level of participation will no longer be an option. Participants with no insurance can only select "Partial" or "Partial/Late" participation.
5. **I request the following level of Participation:** If "Full" and "3<sup>rd</sup> Party Private" is selected, questions regarding the family's finances will appear. If "Partial/Late" is selected, the user will be prompted to enter a reason why the participant is selecting this option.

**Determination of Family Liability:** This will only appear if "Full" and "3<sup>rd</sup> Party Private" is selected.

6. **Household Income:** If the father and/or mother do not have an income, then enter "0" into the "Parent One's Gross Annual Income" and/or "Parent Two's Gross Annual Income" fields.
7. **Total Gross Annual Household Income:** This field will auto-generate with the total of the three gross annual incomes.
8. **Medical Expenses:** If the family had medical expenses that exceeded \$2,000 dating a year back from the infant's date of birth, select "Yes". The user will then be prompted to enter in the itemized expenses. If the family did not have medical expenses that exceeded \$2,000 select "No".
9. **Adjusted Gross Income:** This field will auto-generate with the total after subtracting the household's medical expenses from the family's "Total Gross Annual Household Income".
10. **HRPP Family Liability:** This field will auto-generate with the correct family liability amount based on the family's "Adjusted Gross Income".

2. Enrollment Form for Fake, Baby on 6/12/2019

Identifier: Hospital-Abrazo Arrowhe

This is being completed by: "HRPP Hospital" on behalf of

Enrollment Form

Date Signed \* mm/dd/yyyy

'None' and 'Healthcare Sharing Plans' are only eligible for Partial Participation

Infant's Insurance Coverage Type \*

3rd Party Private  IHS Non-AHCCCS  
 AHCCCS  Healthcare Sharing Plans  
 KidsCare  None/Pending AHCCCS

I request the following level of Participation \*

Full  
 Partial  
 Partial/Late

Financial Worksheet

Determination of Family Liability

Household Size \* -- Select --

Household Income

1. Parent One's Gross Annual Income \$

2. Parent Two's Gross Annual Income \$

3. Other's Gross Annual Income \$

Total Gross Annual Household Income \$

Did the family have medical expenses within the past year that have exceeded \$2,000?

Yes  
 No

If yes, list the medical expenses here. This will adjust the family's income to generate their family liability.

Adjusted Gross Income \$ 0

HRPP Family Liability taken from the ADHS Family Liability Table \$

**11. Attach Enrollment Form:** If the paper version of the Enrollment Form – Signature Page is being utilized, the Enrollment Form – Signature Page document must be uploaded here to capture the parent/guardian’s signature. Press “Select” and choose the correct document to upload. Name the enrollment signature document with the infant’s last name and DOB as follows: Last Name – mm.dd.yy

Attach Enrollment Form - Signature Page

Parent/Guardian Signature

Signature:  \_\_\_\_\_  
Parent/Guardian

Staff Signature

Signature:  \_\_\_\_\_  
HRPP Hospital (Site: HRPP AZ ETO)

**12. Parent/Guardian Signature and Staff**

**Signature:** If the forms are being filled out bedside directly into ETO, the parent/guardian and staff will sign using the signature function. Press “Sign” to capture the signature with either the computer mouse or signature pad.

Click the “Save” button to save this record in ETO. (NOTE: Do not use the keyboard’s “Enter” key to enter information.) A box will pop up to indicate that the record was successfully added. Click “Ok.” You will be redirected to a page that will allow you to record another TouchPoint.

## CHANGE IN LEVEL OF PARTICIPATION/HOUSEHOLD INCOME

- If a family requests a change in their infant’s level of participation in the program OR there is a change in the family’s household income, the original Enrollment Form TouchPoint needs to be edited (directions on how to edit a TouchPoint can be found at the end of this chapter). **DO NOT** create a new Enrollment Form TouchPoint.

# 1. HRPP Discharge Summary

The HRPP Discharge Summary is to be completed when the participant is discharged from the NICU/SCN. For multiple births, the HRPP Discharge Summary will be completed separately for each participant. Please fill out the HRPP Discharge Summary TouchPoint in as much detail as possible starting with "Birth Weight".

- 1. Enter Child's NICU/SCN Date of Admission:** This should be the date the participant was admitted to the NICU/SCN. This field will be used to calculate the "Number of Days in NICU/SCN" field.
- 2. NICU/SCN Discharge Date:** Enter the date the participant was discharged from the NICU/SCN. If this date is not greater than five days from the NICU/SCN enrollment date, you will be prompted to list the neonatologist that is approving this participant's eligibility in the program.



If the participant has not been in the NICU/SCN for five or more days from the admission date then this participant **MUST** be enrolled at partial participation.

- 3. Throughout the rest of the Hospital Discharge Summary TouchPoint** there will be additional questions based on what is selected. For example, if "Positive Drug Screen For" is checked, you will be prompted to name which drugs were positive.

- Other Diagnoses**
- Symptomatic Hypoglycemia (BG <40)
  - Suspected/Proven Sepsis
  - Congenital Viral Infections
  - SGA-Symmetrical
  - ROP/Vision Screen
  - NAS
  - Positive Drug Screen for
  - Multiple Birth
  - IUGR
  - Other

**Positive Drug Screen For**

- Amphetamines
- Benzodiazepines
- Buprenorphine
- Cocaine
- Fentanyl
- Heroin
- Methadone
- Opiates
- SSRIs
- Suboxone
- THC

Press "Save" at the end of the TouchPoint to save the Discharge Summary information. You will be redirected to a page that will allow you to record another TouchPoint.

## 2. Multiple Birth Tracking TouchPoint

The Multiple Birth Tracking TouchPoint is only to be completed when the “Add Family” function is being used to enroll participants who are twins, triplets, etc. The user will automatically be redirected to the Multiple Birth Tracking TouchPoint after a family is added. The Parent Guardian Profile TouchPoint will be the second TouchPoint completed for multiple birth participants.

4. Multiple Birth Tracking for HRPPHospitalTest on 3/28/2019

All

HRPPHospital Test, FakeBaby A

HRPPHospitalTest, FakeBaby B

Add

Multiple Birth Tracking

Sibling A Add

Clear Selection

Sibling B Add

Clear Selection

Sibling C Add

Clear Selection

More than 3 siblings in family? - Select -

Cancel Save

1. Today's date will prepopulate in this field. This should not be changed.
2. Press “Add” next so “Sibling A”
3. A search box will pop-up. Enter in the last name of the participants.
4. Press “Go” next to the participant with the multiple birth identifier, “A”. The pop-up search box will then close.
  - Repeat Steps 2-4 for the following siblings.
5. **More than 3 siblings in family?** – If yes is selected, the ability to add in more siblings will pop-up. Press “Save” at the end of the TouchPoint to save the Discharge Summary information. You will be redirected to a page that will allow you to record another TouchPoint. The next TouchPoint to be completed for multiple births is the Parent/Guardian Profile TouchPoint. Refer to the Parent/Guardian Profile TouchPoint section at the beginning of this chapter for more information.

3.

Search for Participants Across Site

Search for All Participants in HRPP AZ ETO by (partial) Last Name, SSN or Case Number:

To see all Participants in the current program leave the box empty.

4.

Search for Participants Across Site

Search for All Participants in HRPP AZ ETO by (partial) Last Name, SSN or Case Number:

hrpphospitaltest

To see all Participants in the current program leave the box empty.


Matches for: Last Name

S.No.	Name	DOB	SSN	Case No.
1.	Go HRPPHospitalTest , FakeBaby A	4/1/2019	unknown	27308
2.	Go HRPPHospitalTest , FakeBaby B	4/1/2019	unknown	27309

### 3. View/Edit Participant TouchPoints

After TouchPoints have been completed for a participant, this information can be viewed/edited by:

1. Selecting “View Participant TouchPoints” under “TouchPoints” tab on the **Navigation Bar**
2. Selecting the “View” icon under “Take Action” on the **Participant Dashboard** for the corresponding TouchPoint



Take Action	Program	Date Last Updated	NICU/SCN Discharge Date	Discharged/Transferred To:
 +	Hospital-Abrazo Arrowhead	2/14/2019	2/22/2019	DCS

1. To see all participants in your site, leave the box empty and click “Search.” Search results can be filtered by a participant’s name. Type the search criteria in the corresponding filter box and click the “filter” icon to select the appropriate search parameter (i.e., equal to, contains, starts with).

**View Participant TouchPoints**

Search:   1.

To see **all Participants** leave the box empty.  
 Include dismissed participants in results

Name	Case Number
<input type="text" value="Fake, FAKERSON"/> 	<input type="text" value="19971"/> 

2.    Page size: 250 1 items in 1 pages

2. Click on the participant’s name.
3. To review TouchPoints for this participant, click the “+” sign next to the participant’s name. For each TouchPoint that has been completed in ETO, this screen shows the date it was completed and last updated, the program, staff name, and status of the participant. To the far right of each record are Take Action icons, which allow you to “View”, “Edit”, and “Delete” a TouchPoint.

From this screen you can add a new TouchPoint for this participant by clicking on the **Take New TouchPoint** links.

### Printing a TouchPoint

Once a TouchPoint has been completed, the information can be printed by following the steps above to “View” the TouchPoint.

1. Select “Print” in the top right hand corner. You will then be redirected to the print preview page shown below.
2. The font size can be made bigger or smaller by selecting the “A”s at the top right hand corner. Select the “Print” icon to print out the TouchPoint.

**TouchPoint:** 2. Enrollment Form  
**Subject:** Fake, TestBabyA  
**Identifier:** Hospital-Abrazo Arrowhead

**Response Date:** 4/11/2019  
**Completed By:** Hospital, HRPP

**Completed On Behalf Of:**

Enrollment Form

Date Signed 4/11/2019

**Full (Includes financial assistance)** - I request in the High Risk Perinatal Program (HRPP) which may include transport, inpatient hospital care, and community home nursing. I am requesting financial assistance, if needed, and I understand that HRPP is the payor of last resort. I agree to submit all necessary documents on behalf of my child for purposes of collection from third party payors and shall retain no insurance proceeds from claims intended as payment for services provided. **I agree to enroll my infant on third party and/or AHCCCS plan, if eligible, within 30 days from infant's date of birth, and understand that failure to do so will result in HRPP financial assistance being denied. I agree to complete the HRPP Financial Worksheet and to fulfill any HRPP family**

## CHAPTER 6: HRPP AZ ETO Referral

The Referral Form is a four-step process that is completed by the HRPP Hospital Liaison to record and send referrals to HRPP Community Health Nurses or another hospital if the baby is being transported to a Level 2 or higher facility. There are two types of referrals: CHN and Hospital. This Referral Form should not be completed until the participant has been discharged from the NICU/SCN and the HRPP Discharge Summary has been completed. Referrals should be completed within 7 days. For referrals to another hospital, paperwork should accompany the participant during transport. When a participant is referred and the referral is accepted by the receiving program, the participant's demographic and TouchPoint information will be able to be viewed.

### Add Referral

The Referral will be the last step for a participant in the current program in HRPP AZ ETO. There are numerous ways to begin the referral process:

- Select "Refer" under the **Participants** section on **My Dashboard**
- Select "Add Referral" under "Referrals" on the **Navigation Bar**
- From the **Participant Dashboard** select "New" at the bottom of the "My Recent Referrals Section"

The screenshot displays the HRPP AZ ETO web application interface. At the top, there is a navigation bar with the 'eto' logo, a search bar, and user information for 'HRPP Hospital Staff'. A sidebar menu on the left contains options: New, My Favorites, Help, Participants, Referrals (highlighted), Add Referral (indicated by a red arrow), View Pending Referrals, and My Work. The main content area features a dashboard with sections for Participants (View Referrals, Add, Refer, Dismiss), Families (Add Family), TouchPoints (Record), and Reports (Reports). Below this is a 'Recent Referrals (NEW)' section with a table titled 'My Recent Referrals'.

Take Action	Name	Referred By	Referral Type	Referral Form	Referring Site   Program	Destination Program	Services Needed	Referring Date	Program Start Date	Approval Status	Referral Status
	Fake Test	Hospital, HRPP	Program	HRPP - ETO Program Referral	HRPP AZ ETO   Hospital-Abrazo Arrowhead	CHN-Maricopa County		3/15/2019	3/19/2019	None	Pending

At the bottom of the table, there is a '+ New' link with a red arrow pointing to it.

## Select Participants

Participants can be filtered by Name, Case Number, DOB, and Alias Last Name. Type the search criteria in the corresponding filter box and click the “filter” icon to select the appropriate search parameter (i.e., equal to, contains, starts with).

1. Check the box to the left of the participant’s name and press “Next”.
  - a. More than one participant can be selected by checking the box to the left of multiple participant’s names.

Press “Next”

**Add Referral**

Select Participants    Referral Form    Provider Search    Confirmation

Select Referral Form: **HRPP - ETO Program Referral**

**Next**

Participants

Include Dismissed Participants

Page size: 50    Page 1 of 1, rows 1 to 28 of 28

<input type="checkbox"/>	Name	CaseNumber	DOB	Alias: Last Name
<input checked="" type="checkbox"/>	Fake, Baby123	26377	12/1/2018	

## Referral Form

1. **Referral Type:**
  - a. If the participant is being referred to a CHN agency, the user will select CHN. Additional questions will pop-up (see #2).
  - b. If the participant is being transported to a hospital that is Level 2 or greater, “Hospital” should be selected.
    - i. Select “Forward Transport” if the participant is going to a higher level of care
    - ii. Select “Back Transport” if the participant is going to a lower level of care
    - iii. Press “Next”

2. **Zipcode:**The zipcode where the infant resides will be entered.

3. **Foster Family:** This box will be checked if the infant is placed with a foster family.

4. **Service Area:** This field will auto-select based on the program that covers the zipcode entered. If the field does not fill in right away, click anywhere in the white background of the screen.

5. **Referral Notes:** Any notes that are necessary for the community health nurses will be entered here.

6. **Hospital Discharge:** Any necessary files, such as the hospital’s own discharge information, must be uploaded here.

This section must be filled out for each participant by selecting the tab with their name on it on the left hand side, if the participants are not going to the same CHN agency.

Press “Next”.

**Add Referral**

Select Participants    Referral Form    Provider Search    Confir

**Previous**    **Next**

Referral Form

Date of Referral \*

Referral Type \*

CHN

Hospital (Level 2 or >)

Zip Code

Foster Family?

Service Area

Referral Notes

Hospital Discharge

## Provider Search

This is where you will select the Community Home Nursing program that will receive the participant's referral.

1. Select that Provider that auto-selected on the "Referral Form" under the "Service Area" question by clicking the check box next to the provider name.
  - a. If multiple participants were selected, you will need to select the provider for each participant. To do this, select the first participant's name on the left hand side and select the provider. Repeat this for the other participants chosen.

When referring more than one participant (even if they are being referred to the same agency), the user must select the tab with the participant's name and then check the box next to the correct CHN agency **for each participant**.

Press "Next".

**Add Referral**

Select Participants ✓ Referral Form ✓ Provider Search ○ Confirmation ○

Previous Next

Show all ineligible programs/entities

Fake, Child 1	Refer	Provider	Type	Description	Services Provided	County	City	Zip Code
	<input type="checkbox"/>							
	<input type="checkbox"/>	CHN-Easter Seals-Pima	Program					
	<input type="checkbox"/>	CHN-Easter Seals-Pinal	Program					
	<input type="checkbox"/>	CHN-Hummingbird Early Intervention Services	Program					
	<input type="checkbox"/>	CHN-Maricopa County	Program					
	<input type="checkbox"/>	CHN-Mohave County Health Department (MCHD)	Program					
	<input type="checkbox"/>	CHN-Northern Arizona Homecare	Program					
	<input type="checkbox"/>	CHN-Southwest Human Development	Program					

## Confirmation

1. The participant **MUST** also be dismissed from the program as they are referred. Select the check box at the right-hand side under "Dismiss". A "Reason for Dismissal" box will pop-up with Discharged as the only option. Select correct reason for dismissal and press "Continue".
  - a. If multiple participants were selected, you will have to dismiss each of them by checking the box under "Dismiss" for each participant.
2. Select "Confirm" at the top of the page. You will be redirected to the beginning of the "Referral Form" to select and refer more participants.

The dismissal box must be checked for each participant when referring more than one participant at a time.

**Add Referral**

Select Participants ✓ Referral Form ✓ Provider Search ✓ Confirmation ○

Previous Confirm

Name	Provider	Referral Confirmation	Refer	Dismiss
Fake, Child 1	CHN-Southwest Human Development	✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>

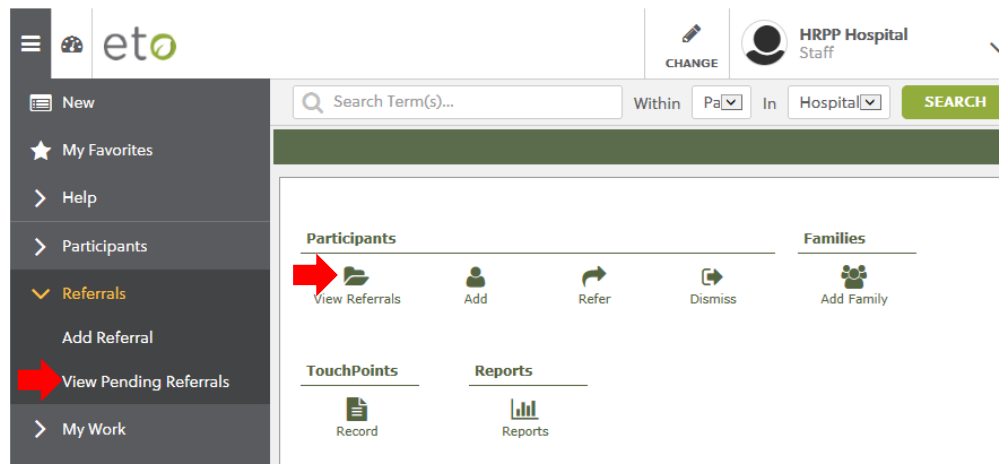
Page size: 20 1 items in 1 pages

## Accept Referrals

When a participant is referred to your hospital by another hospital, the referrals will remain pending and the participant will not be enrolled into the current program until they are accepted. Once a referral has been accepted, the participant's demographic information and TouchPoints will be able to be viewed.

The user can view the program's pending referrals by:

- Selecting "View Referrals" under the **Participants** section on **My Dashboard**
- Selecting "View Pending Referrals" under the Referrals tab on the **Navigation Bar**.



All referrals that have not yet been accepted or rejected will be shown here. Use the icons on the right under "Take Action" to perform an action on the referral.

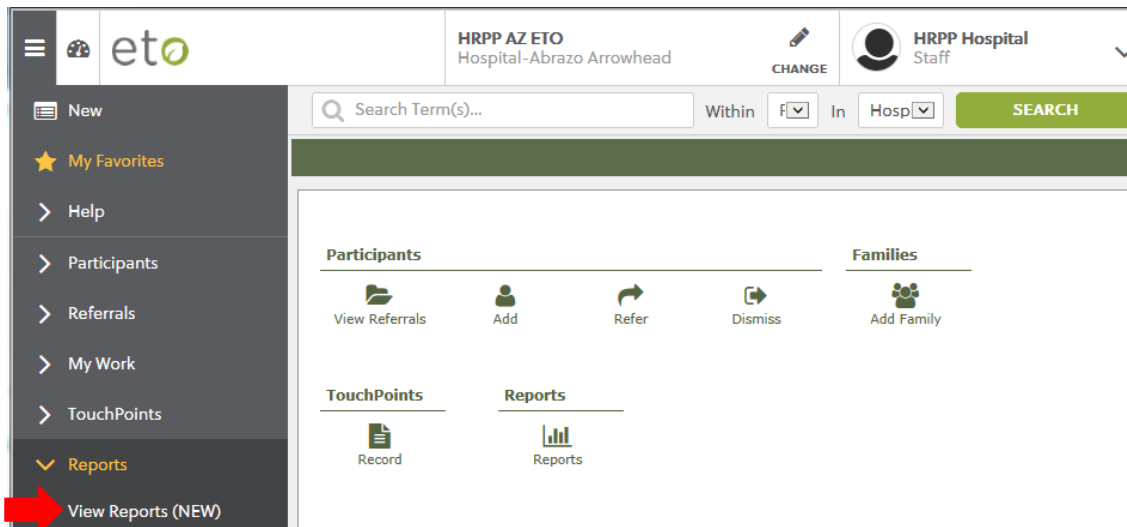
Pending Referrals							
Name	Referring Program	Referring Site	Services Needed	Referring Date	Program Start Date	Approval Status	Take Action
Fake, Child 1	Hospital-Banner Del E Webb Memorial	HRPP AZ ETO		12/19/2018	1/7/2019	None	    
Fake, Child 2	Hospital-Banner Gateway Medical Center	HRPP AZ ETO		12/19/2018	1/7/2019	None	    

## CHAPTER 7. Reports

Reports in ETO combine demographic and TouchPoint information for participants currently/previously enrolled in a program into a cohesive, easy-to-read report. Reports for HRPP AZ ETO are run through ETO Results, which is the reporting platform for the site. In ETO Results, you can view and export the reports for the current program and run these reports based on specific dates.

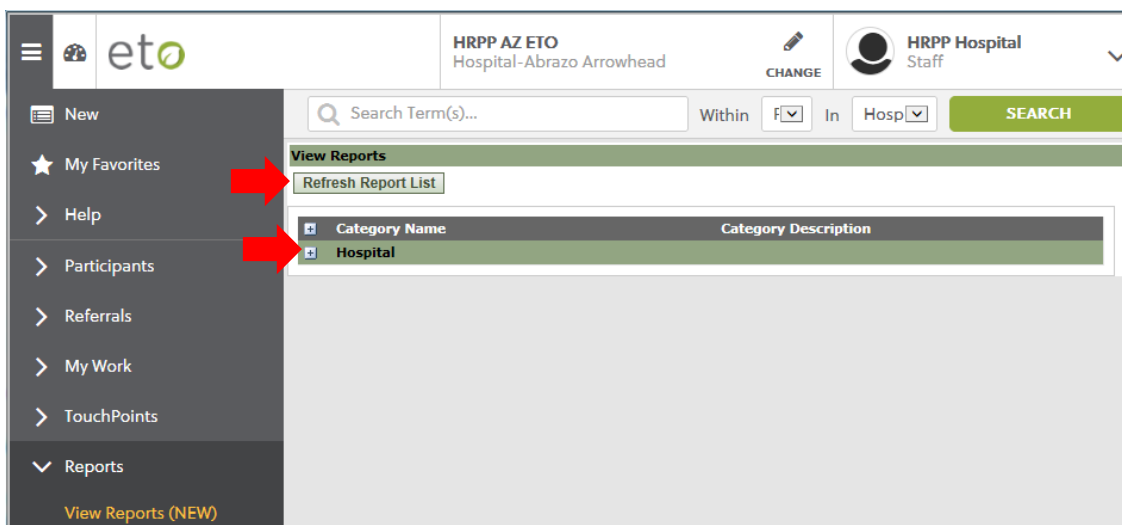
### Accessing ETO Results

Select “View Reports (NEW)” under “Reports” on the **Navigation Bar**



The user will then be redirected to a screen that categorizes the reports.

1. Press “Refresh Report List” and then select the “+” next to “Hospital”



The reports the user has access to will be displayed.

2. Click on the name of a report to view it

The screenshot shows the ETO interface. The top navigation bar includes the 'eto' logo, user information 'HRPP AZ ETO Hospital-Abrazo Arrowhead', and a 'CHANGE' button. A search bar is present with the text 'Search Term(s)...' and filters for 'Within P', 'In Hospit', and a 'SEARCH' button. A left sidebar contains navigation options: 'New', 'My Favorites', 'Help', 'Participants', 'Referrals', 'My Work', and 'TouchPoints'. A red arrow points to the 'Referrals' option. The main content area is titled 'View Reports' and includes a 'Refresh Report List' button. Below this is a table with columns for 'Category Name', 'Category Description', 'Report', 'Report Description', 'Type', and 'Options'. The table lists several reports under the 'Hospital' category.

Category Name	Category Description	Report	Report Description	Type	Options
Hospital		Hospital - Aggregate Discharge Summary		Custom	
Hospital		Hospital - Chart Review Report		Custom	
Hospital		Hospital - Financial Report Summary		Custom	
Hospital		Hospital - Length of Stay NAS		Custom	
Hospital		Hospital - Referrals Report		Custom	

ETO Results will open in a new window and allow the user to select a Begin Date and End Date. The data that is used for these dates is noted in the table below. The icons found in ETO Results are described in the Navigating ETO Results section.

The screenshot shows a 'Prompts' dialog box in a software application. The dialog has a title bar and a close button. It contains a section for 'Available prompt variants' and a 'Prompts Summary' table. The table lists two prompts: 'Begin Date 7/1/2019 12:00:00' and 'End Date 9/1/2019 12:00:00'. A red arrow points to the 'Begin Date' field, which contains the text '7/1/2019 12:00:00 AM' and a calendar icon. Another red arrow points to the 'OK' button at the bottom right of the dialog. The background shows a 'Web Intelligence' interface with various toolbars and a 'Transport Coordination' window.

1. Enter in the Begin Date and End Date by typing in the date with the following format: mm/dd/yyyy or select the calendar icon to select a date. Press "OK"
2. The Report will then populate with the information from that time frame.

Data being pulled in the reports from the left column is populated from the date in the right column. (i.e. If the Compensation Report is ran from 7/1/19-7/31/19, all participants with a NICU/SCN Discharge Date between these dates will be pulled into the report.)

Name of Report	User Prompt Input - Begin Date/End Date Based on:
Aggregate Discharge Summary	NICU/SCN Discharge Date
Chart Review Report	Date of Birth
Compensation Report	NICU/SCN Discharge Date
Enrollment Report	Date of Birth
Financial Report Summary	Enrollment Form TouchPoint Date Taken
Length of Stay NAS	HRPP Discharge Summary TouchPoint Date Taken
Non-Compensation Report	NICU/SCN Discharge Date
Referrals Report	NICU/SCN Discharge Date



If no data populates into the report, go to the Input Controls tab (See Navigating ETO Results) on the left hand side and make sure the current program is selected.

## Navigating ETO Results

Web Intelligence

Input Controls

Map Reset

Document Input Controls (0)

Report Input Controls (1)

Program Name

Select (All)

Hospital-Abrazo Arrowhead

Aggregate Discharge Summary 7/1/2019 - 8/1/2019

Number of Discharge Summaries

	Count	Percentage

Aggregate Discharge Summary

Transport Coordination

Track changes: Off

Page 1 of 1

100%

< 1 minute ago



**Save:** This button will allow the user to select “Save As” and store the report in the favorite’s folder. It is recommended to export the report as either a PDF or Excel document and save it that way rather than in ETO.



**Print:** To print the report, use this button. It is recommended for the user to export the report as either a PDF or Excel document and then print the report from those files.

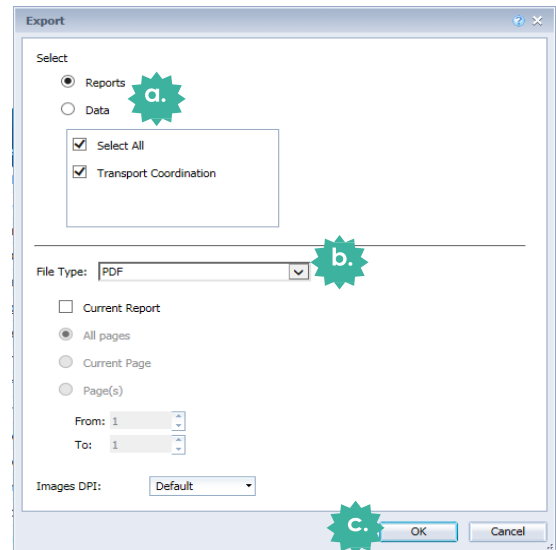


**Find:** This button will allow the user to search the data in the report.



**Export:** This button will allow you to export the report into a Pdf, Excel, CSV, or Text document. It is recommended to export into Excel in order to have control over how you view, edit, and print the data.

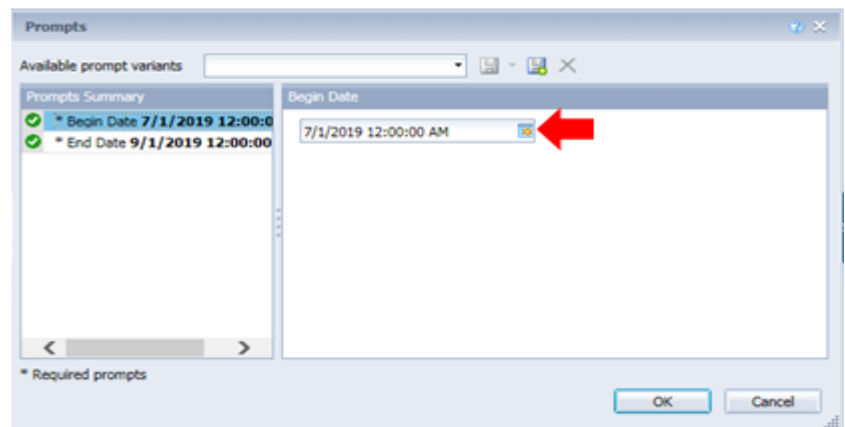
- An Export pop-up will appear and prompt you to select the export criterion.
  - a. “Reports” will be selected by default under “Select”. This should remain selected.
  - b. The “File Type” drop-down will allow the user to select the file type they wish to export the report to: PDF, Excel (.xlsx), Excel (.xls), CSV, or Text
  - c. Press “OK”
- A prompt to open, save or cancel will appear at the bottom of your screen. Press “Open” to access the document.



**Undo:** This icon will allow the user to undo any previous changes that were made.



**Refresh:** This button will allow the user to refresh the report and select a new date range.



## 2.



**Navigation Map:** This button will show the user the separate tabs that are displayed on the report, if any.

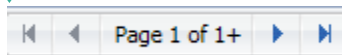


**Input Controls:** This button allows the user to filter down based on certain data points that are displayed within the report. If no data populates in the report, ensure at least one of these data points is selected.



**User Prompt Input:** This button will also allow the user to enter in a new beginning and end date and refresh the report. Enter in the dates and press “Run”

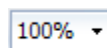
## 3.



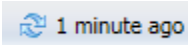
**“Go to Page”:** If there is more than one page in the report, this icon will allow the user to go to the next or last page. 1+ indicates there is more than one page.



**Page View:** The report will automatically be defaulted to “Quick Display mode”. To change the view to “Page mode” select the second icon. This will show the user how the report will display when exported to a PDF or printed.



**Zoom:** This icon will allow the user to either zoom in or zoom out of the report.



**Refresh the data:** This will display the last time the report was refreshed. Clicking on this icon will allow the user to refresh the report and select a new date range.

If you have questions about how to correct data in the AZ ETO system, please contact the AZ ETO Help Desk at 480-665-8669 or [AZETOHelpDesk@Wellingtongroupconsulting](mailto:AZETOHelpDesk@Wellingtongroupconsulting)

# Hospital Reports

## Hospital Enrollment Report

Program Name	First Name	Last Name	Alias: Last Name	DOB	Case Number	Medical Record #	Participation Level	Insurance	Family Liability
Hospital Name	Suzie	Snart	Gapper	7/9/2019	59835	213157	Full	3rd Party Private	\$11,368.00
Hospital Name	Charlie	Lamb	Kink	8/20/2019	21581	76363	Full	3rd Party Private	\$13,668.00
Hospital Name	Elly	Kolt	Baez	7/1/2019	39624	62697	Partial	AHCCCS	
Hospital Name	Jesse	Haden	Orb	7/1/2019	49756	142791	Partial	AHCCCS	

## Hospital Compensation Report

Hospital	Last Name	First Name	DOB	Case Number	Medical Record Number	Enrollment Date Signed	NICU/SCN Discharge Date	Discharge Summary Response Date	Level of Participation	Infant's Insurance Coverage Type	Fee	Receiving Hospital
Hospital Name	Jones	Baby	6/4/2019	91256	308872	7/1/2019	7/18/2019	7/19/2019	Partial	AHCCCS	\$100	
Hospital Name	Fake	Harvey	8/26/2019	91630	361697	9/3/2019	9/4/2019	9/9/2019	Partial	3rd Party Private	\$100	
Hospital Name	Smith	Dante	10/25/2019	00540	415815	11/12/2019	1/6/2020	1/10/2020	Partial	None/Pending AHCCCS	\$100	PCH
Hospital Name	Wi	Leo	5/4/2020	90348	851865	5/13/2020	5/13/2020	5/26/2020	Full	3rd Party Private	\$250	

## Non-Compensation Report

Program Name	First Name	Last Name	Alias: Last Name	DOB	Case #	Medical Record #	Date Signed	NICU/SCN Discharge Date	Discharge Date Taken	Infant's Insurance	Level of Participation	Enrollment Date > 30 Days	Incomplete Enrollment	Discharge Greater Than 15 Days	Missing Discharge
Hospital Name	Emily	Wallace		1/21/2019	78515	1105910	2/20/2019	8/23/2019	9/11/2019	AHCCCS	Partial			X	
Hospital Name	Tammy	Eddy	Bass	4/23/2019	59311	1188530	6/7/2019	8/27/2019	8/28/2019	AHCCCS	Partial	X			
Hospital Name	Sheila	Fake		4/29/2019	98737	229010	6/25/2019	9/11/2019	9/12/2019	3rd Party Private	Partial		X		
Hospital Name	Jameson	Gally	Long	4/30/2019	33653	229748	5/20/2019	7/30/2019	9/13/2019	AHCCCS	Partial				X

# Liaison Bi-Monthly Report



## High Risk Perinatal Program (HRPP) Program Administration & Developmental Services

YEAR: **FY21** HRPP LIAISON BI-MONTHLY REPORT FOR THE MONTHS OF: (check the correct box)

Jul/Aug     Sep/Oct     Nov/Dec     Jan/Feb     Mar/Apr     May/June

HOSPITAL:

NAME (LIAISON COMPLETING REPORT):

PHONE:

EMAIL:

### CONTACT INFORMATION

CHECK ONLY IF UPDATED	TITLE	NAME	EMAIL ADDRESS	PHONE
	Liaison back up (if any)			
	WIS Director			
	Developmental Specialist			
	NICU Educator			
	Contract/COI Contact			
	Patient Billing Contact			

AVERAGE DAILY CENSUS= Number of babies in the NICU by day divided by number of days in the month

A= Number of babies eligible for HRPP enrollment

B= Number of families who have completed HRPP enrollment paperwork

C= Number of families who have yet to complete the enrollment paperwork

D= Number of families who were discharged without turning in the enrollment paperwork

E= Number of families choosing not to enroll in HRPP/were giving paperwork, did not complete it or turn it in

F= Reasons given for not enrolling in HRPP

	A	B	C	D	E	F
Average Daily Census	HRPP Eligible Infants	Enrollments Completed	Enrollments pending (w/in the 30 days)	Enrollments Not Returned Prior to Discharge	Families Declining HRPP	Reasons for declining services:
0	0	0	0	0	0	
0	0	0	0	0	0	

### ADHS HRPP LOGIC MODEL GOALS FOR LIAISONS

OBJECTIVES	DESIRED OUTCOME	ACTUAL OUTCOME	OUTLIERS/PLAN FOR IMPROVEMENT
By June 30, 2021, all referrals to CHNs will be completed within 7 days of discharge as evidenced by ETO report.	All infants who enrolled in HRPP will have referrals made to the CHN within 7 days of discharge.		
By June 30, 2021, families declining HRPP will be asked to sign a declination form documenting the reason and signed off by a HRPP representative.	All Families considering declining HRPP services will be provided additional information and consultation.		

# Order Form



ARIZONA DEPARTMENT  
OF HEALTH SERVICES  
PREVENTION SERVICES

## HIGH RISK PERINATAL PROGRAM (HRPP) REQUEST FOR MATERIALS ORDER FORM

DATE OF REQUEST:	
NAME:	
ORGANIZATION/AGENCY:	
COMPLETE DELIVERY ADDRESS AND ATTN:	

HRPP		
(hyper link <a href="#">are</a> imbedded in the form name, click for a master copy)	ENGLISH	SPANISH
<b>All items come in packs of 25</b>	# requested	# requested
<a href="#">MATERNAL TRANSPORT FORM</a>		
<a href="#">NEONATAL TRANSPORT FORM</a>		
<a href="#">ENROLLMENT PAGE 1- DEMOGRAPHICS FORM</a> <a href="#">Click Here for Spanish Link</a>		
<a href="#">ENROLLMENT PAGE 2- SIGNATURE FORM</a> <a href="#">Click Here for Spanish Link</a>		
<a href="#">DISCHARGE SUMMARY FORM</a>		
<a href="#">DECLINATION FORM</a> <a href="#">Click Here for Spanish Link</a>		
<a href="#">HRPP Card</a>		
<a href="#">PARENT HANDBOOKS</a> <a href="#">Click Here for Spanish Link</a>		
<a href="#">TRIFOLD BROCHURES</a>		
<b>FOR CHN USE ONLY - FAMILY SERVICE PLAN</b> <a href="#">Click Here for Spanish Link</a> (these will be sent by <a href="mailto:bonnie.drenth@maricopa.gov">bonnie.drenth@maricopa.gov</a> )		

Submit completed form to [Donna.Gonzales@azdhs.gov](mailto:Donna.Gonzales@azdhs.gov)

Normal turnaround time is 10 days delivered to the address above.  
Currently due to COVID and ADHS staff work schedules it may be longer.


# Parent Handbook, Brochure, and Business Card




**HIGH RISK PERINATAL PROGRAM (HRPP)**

Your baby has been enrolled in HRPP  Full Participation  
 Hospital Liaison: \_\_\_\_\_  Partial Participation

Once discharged, expect a call from your Community Health Nurse  
 Questions? 602-364-0058  
 Donna.Gonzales@azdhs.gov

 **Parent Video**  
[www.azdhs.gov/HRPP](http://www.azdhs.gov/HRPP)

 ARIZONA DEPARTMENT OF HEALTH SERVICES  
 Health and Wellness for all Arizonans



## Parent Introduction Video

# HRPP PARENT INTRODUCTION VIDEO



<https://youtu.be/nmwFkv922L4>

<https://azdhs.gov/prevention/womens-childrens-health/childrens-health/index.php#hrpp>

[www.azdhs.gov/HRPP](http://www.azdhs.gov/HRPP)



# Program Acknowledgement Form



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

Health and Wellness for all Arizonans

## High Risk Perinatal Program (HRPP) ACKNOWLEDGEMENT OF PROGRAM

*Written information about the HRPP program has been offered to you for your eligible infant.*

I am currently considering participation in the HRPP program. I am aware that I have 30 days from the birth of my eligible infant to choose to enroll in the program. If I do not contact the representative listed below within 30 days from my baby's date of birth, it will be considered a decline in participation. If I choose to enroll, I will contact the hospital representative listed below.

I am declining participation in the HRPP program. I understand that by choosing NOT to participate in the program, my infant will NOT be referred for Community Health Nursing follow-up and financial assistance from HRPP will not be provided. I understand that should I change my mind, I have 30 days from the birth of my eligible infant to enroll. If I change my mind, I will contact the hospital representative listed below.

**Your decision not to participate in HRPP will not impact the medical care your infant receives.**

Contracted Hospital: \_\_\_\_\_

HRPP Hospital Representative: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Infant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Reason for Decline: \_\_\_\_\_

\_\_\_\_\_

This form must be filled out, signed, and a copy given to any eligible infant's parent/guardian if they are choosing not to participate in the HRPP.

## Risk Criteria for Developmental Follow-up Services

### RISK CRITERIA for DEVELOPMENTAL FOLLOW-UP SERVICES

#### MAJOR RISK FACTORS (1 major risk factor = High Risk):

- ✓ <1250 grams at birth
- ✓ <28 weeks gestation
- ✓ Extracorporeal membrane oxygenation (ECMO)
- ✓ High Frequency Ventilation
- ✓ Nitric Oxide
- ✓ Home Oxygen
- ✓ Abnormal neurological assessment
- ✓ Seizures for other metabolic reasons
- ✓ Small for Gestational Age-symmetrical
- ✓ Dysmorphic infant
- ✓ Congenital viral infections (CMV, herpes, HIV)
- ✓ Intraventricular hemorrhage (IVH) All Grades
- ✓ Periventricular leukomalacia (PVL)
- ✓ Hydrocephalus
- ✓ Microcephaly
- ✓ Meningitis
- ✓ Twin-to-twin transfusion syndrome
- ✓ Substance Abuse/NAS in utero
- ✓ Tube feedings
- ✓ Gastrostomy tube
- ✓ Cooling therapy
- ✓ Metabolic Disorders
- ✓ Torticollis
- ✓ Syndromes with known developmental delay/ or unknown neurological outcomes

#### MINOR RISK FACTORS (2 or more minor risk factors = High Risk):

- ✓ <37 weeks gestation
- ✓ Retinopathy of prematurity (ROP) Grades III & IV
- ✓ Confirmed hearing impairment
- ✓ Apgar <4 at 5 minutes
- ✓ Meconium Respiratory Distress Syndrome
- ✓ PPHN (Severe pulmonary hypertension)
- ✓ Symptomatic hypoglycemia (BG<40)
- ✓ Hypotension with pressor support
- ✓ Hyperbilirubinemia: requiring exchange transfusion or a total of 25, or free above 1
- ✓ Multiple birth
- ✓ Poor feeder/use of special nipple/poor weight gain/GERD
- ✓ IDM
- ✓ Tongue ties
- ✓ Low tone
- ✓ Any social issue

#### Social concerns (in addition to 1 or more medical risk factor = High Risk)

Infants who meet high risk criteria and receive automatic referral to Developmental Services are infants who have at least one of the major risk factors or have two or more minor risk factors, one of which must be medical. These high risk infants shall be referred by the discharging hospital to a contractor selected by the family for Developmental Follow-up services.

Since these conditions are at best a guess rather than a prediction, any referrals from primary care physicians, community health nurses, early intervention service agencies, or parents are considered highest priority for appointments regardless of medical conditions.

# Site Review Documents – Chart Review Guide

## ADHS HIGH RISK PERINATAL PROGRAM HOSPITAL SERVICES (Level II, IIE and III) HOSPITAL CHART REVIEW GUIDE

X = no; ✓ = yes  
C=Compliant; P=Partially Compliant; N= Non Compliant

Hospital: TMC

Chart Reviewer: Brenda Nichols

Date of Site Review:

INDICATOR	1	2	3	4	5	6	7	8	9	10	RESULT	COMPLIANCE
REQUEST FOR PARTICIPATION FORM SUBMITTED WITHIN 30 DAYS FROM DATE OF BIRTH												
INFANT MEETS ELIGIBILITY REQUIREMENTS FOR NICP												
FINANCIAL QUESTIONNAIRE SUBMITTED WITHIN 45 DAYS FROM DATE OF BIRTH, IF FULL PARTICIPATION												
FAMILY LIABILITY CALCULATED CORRECTLY												
NICP DISCHARGE FORM SUBMITTED WITHIN 30 DAYS OF DISCHARGE												
REFERRALS DOCUMENTED, WHEN APPROPRIATE TO COMMUNITY HEALTH NURSE TO OTHER COMMUNITY BASED AGENCIES												
A WRITTEN DISCHARGE PLAN IS WRITTEN, UPDATED AND SIGNED BY PARENTS												
DEVELOPMENTAL ASSESSMENTS COMPLETED PER HOSPITAL CRITERIA												

## ADHS HIGH RISK PERINATAL PROGRAM HOSPITAL SERVICES (Level II, IIE and III) HOSPITAL CHART REVIEW GUIDE

INDICATOR	1	2	3	4	5	6	7	8	9	10	RESULT	COMPLIANCE
NIDCAPS ASSESSMENTS COMPLETED PER HOSPITAL CRITERIA <i>(Level III &amp; IIEQ only)</i>												
IF NIDCAP ASSESSMENTS ARE COMPLETED: - Introduction - Medical Summary - Infant's Behavioral Summary including Infant's Goals - Recommendations for care reflecting current needs												
DEVELOPMENTAL CARE DOCUMENTED IN INFANT'S DAILY FLOW SHEET												
FAMILY INVOLVEMENT WITH INFANT DOCUMENTED												
ADDITIONAL BEHAVIORAL ASSESSMENTS COMPLETED												
RECOMMENDATIONS FOR DEVELOPMENTAL CARE DOCUMENTED												

Note 1: The first 6 indicators will be checked at ADHS.

Note 2: The last 6 indicators apply to Level IIE & Level III contractors only

# Site Review Documents – Site Review Evaluation Guide

HOSPITAL SERVICES (Level IIE and III) - SITE REVIEW GUIDE/REPORT		PAGE 1 OF 4	
<b>ARIZONA DEPARTMENT OF HEALTH SERVICES HIGH RISK PERINATAL PROGRAM SITE REVIEW EVALUATION</b>			
Location: _____		Date: _____	
Attendance: _____		ADHS Reviewer: _____	
	H = Have R = Request O = Observed	Source	C = Compliant P = Partially Compliant N = Non-Compliant
<u>STANDARD</u>			Comments
Designate a staff person to act as the HRPP Contract Coordinator and be responsible for overall contract compliance and activities.		Written documentation in contract file matches name given to ADHS prior to site visit	
Designate a staff person to act as Hospital HRPP Liaison and complete the activities identified in the Scope of Services		Written documentation in contract file matches name given to ADHS prior to site visit	
Assess Developmental Coordinator/Specialist Full Time Equivalent (FTE) needs based on average daily census, per the requirements listed in the HRPP Hospital and Physician Services Policy and Procedure Manual, and plan for FTE needs accordingly in advance of each State Fiscal Year (July 1 - June 30).		1. Staffing ratios that would allow for a developmental assessment, documentation and family inclusion in the care of the infant.  2. Integration of developmentally supporting NICU environment documented on self-assessment	

HOSPITAL SERVICES (Level IIE and III) - SITE REVIEW GUIDE/REPORT		PAGE 2 OF 4	
Prepare and submit NICP Hospital Contact Sheets (as provided by ADHS) to the HRPP/NICP Hospital Services Program Manager by July 15 of each State Fiscal Year (July 1 - June 30), and within 15 days of any change for each of the following: <ul style="list-style-type: none"> <li>&gt; HRPP/NICP Contract Coordinator</li> <li>&gt; HRPP/NICP Hospital Liaison</li> <li>&gt; Dedicated Developmental Coordinator and Developmental Specialist, if any</li> <li>&gt; Staff responsible for completing the HRPP/NICP forms</li> <li>&gt; Perinatal Social Worker</li> <li>&gt; Staff responsible for Accounts Receivable</li> </ul>		In contract file and are same as those representatives at the site review	
Provide an on-site neonatologist to serve as the medical director to the Level IIE or Level III nursery, and who will actively serve on all HRPP Pediatric and Perinatal Committees.		Identification of Medical Director	
HRPP forms are complete and entered in ETO within specified time lines as defined in the HRPP Hospital and Physician Services Policy and Procedure Manual. These forms include but are not limited to: Enrollment Form, Demographics Form and the Discharge Summary.		1. "Forms Received report"	
HRPP forms are complete and referred to the Community Health Nurse within the specified time lines and according to established procedures.		Review of Hospital process on HRPP	
Provide staff orientation, training, and support as it relates to HRPP, developmentally supportive care and discharge planning, including the process for providing information to Community Health Nursing.		Evidence of HRPP as a part of staff orientation/training	
Use HRPP contracted ground and air transport service and transport teams authorized by a program-contracted perinatologist/neonatologist (list of ADHS contracted transport services and perinatologist/neonatologists to be provided by ADHS).		Review of hospital transport policy	
Coordinate the process of informing parents about the HRPP. Share the HRPP Parent Introductory video with parents and staff.		Review of job descriptions or policy on HRPP	

<p>Provide comprehensive, family-centered discharge planning for each enrolled infant in accordance with the HRPP Discharge Planning Guidelines.</p>		<p>Review of Discharge planning policy</p>	
<p>Prepare and submit an Annual Plan for Developmental Care, in the format provided by ADHS, that demonstrates hospital administrative support for developmentally supportive care in all nurseries, which shall include but not be limited to the following:</p> <ul style="list-style-type: none"> <li>➤ Integration of developmentally supportive Newborn Intensive Care Unit (NICU), Intermediate Care Nursery (ICN) and Continuing Care Nursery environment.</li> <li>➤ Initiation or continuation of a Hospital Developmental Care Committee composed of medical, nursing, ancillary personnel and families.</li> <li>➤ Ongoing continuing education and training of all levels of nursery care in addition to community outreach.</li> <li>➤ Training and NIDCAP® reliability re-certification of ICU and CCN staff in the synactive theory of development and implementation of NIDCAP® behavioral assessments, and in accordance with the HRPP/NICP Hospital and Physician Services Policy and Procedure Manual.</li> <li>➤ Criteria in NIDCAP® and other behavioral assessments</li> <li>➤ Staffing ratios that would allow for the developmental assessment, documentation and family inclusion in the care of the infant, and in accordance with the HRPP/NICP Hospital and Physician Services Policy and Procedure Manual.</li> <li>➤ Participation in program planning, evaluation and the site review process</li> <li>➤ Other elements may be defined in the HRPP Policy and Procedure Manual.</li> </ul>		<p>Plan on file at ADHS with updated Annual plan that demonstrates hospital administrative support for developmentally appropriate care in all nurseries</p>	

**CHALLENGES AND BARRIERS:**

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**ACHIEVEMENTS:**

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**FUTURE PLANS:**

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**COMMENTS BY THE EVALUATOR:**

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# Time Line Reference Guide



## High Risk Perinatal Program (HRPP)

**Liaisons are responsible for ensuring the forms and actions are completed within the following time frames**

<b>ACTION</b>	<b>TIME FRAME/DEADLINE</b>
Begin Enrollment Paperwork with Parents	Begin on <b>Day 5</b> Of NICU Stay
Enrollment Window for Parents	Parents Have Up To <b>30 Days</b> from DOB To Complete Enrollment
Enter Enrollment Information In ETO	Within <b>7 Days</b> of Parents Completing Enrollment Forms with Signature
Parents Request Modification Enrollment/Financials	Parents Have Up To <b>60 Days</b> After Birth to Modify Enrollment/Financial Information
Hospital Receives A Request Modify Enrollment Form	Hospital Has <b>7 Days</b> to Enter Modification In ETO
Hospital Enters Discharge Summary In ETO	Within <b>7 Days</b> of Date of Discharge
Hospital Refers and Dismisses Baby	Within <b>7 Days</b> of Date of Discharge
Upon Receiving Referral from Hospital	CHN has <b>7 Days</b> to Call Parents <u>To</u> Set Up A Home Visit

# NICU Staff Training Video Coming Soon